

**THE EXPERIENCE OF ORGANISATIONAL COMMITMENT,
WORK ENGAGEMENT AND MEANING OF WORK OF NURSING STAFF IN
HOSPITALS**

by

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REMARKS

The reader is reminded of the following:

The references as well as the editorial style of this dissertation comply with the requirements as prescribed by the Publication Manual (5th edition) of the American Psychological Association (APA). This practice is in line with the policy of the Programme in Industrial Psychology of the North-West University.

This dissertation is submitted in the form of a research article.

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SUMMARY

Title: The experience of organisational commitment, work engagement and meaning of work of nursing staff in hospitals.

Keywords: Work, Calling, Job, Career, Organisational Commitment, Personal Meaning, Age, Work Engagement.

Nursing as a profession presents an interesting context for studying meaning of work, as it centres on the care of patients; the motivation behind choosing such a profession. Furthermore, taking into consideration the current economic situation and the shortage of nurses in the country, it is important to investigate the kind of impact that the meaning they receive from their work may have on their commitment to the hospital and their level of engagement in their work. What nurses do and how well they do it relates directly to the quality of care the patient receives. Therefore, the objective of this study was to investigate the relationship between meaning of work, organisational commitment and work engagement among nurses of various hospitals in the Vaal Triangle. Also investigated were biographical factors such as gender, race, age, citizenship, qualification, years of service, job level and employment status.

A survey design was used on a sample of nurses ($N = 199$) in hospitals. A biographical questionnaire, the Organisational Commitment Questionnaire, the Utrecht Work Engagement Scale and Work-Life Questionnaire were administered. The statistical analyses were carried out by means of SPSS (2009). Factor analyses were conducted to determine construct validity and Cronbach's alphas and inter-item correlation coefficients assessed the internal consistency of the instruments. Cronbach's alpha coefficients ranging from 0,94 to 0,62 were obtained for the above-mentioned questionnaires.

Results showed that the majority of nurses viewed their work as either a job or a calling. More African nurses viewed their work as a calling than did any other race group. Younger workers, specifically those with a Grade 12 qualification, viewed their work as a career, while the more experienced nurses and those on management level viewed their work as either a career or a calling.

Furthermore, nurses viewing their work as a calling are more committed to the organisation and more engaged in their work, whereas nurses viewing their work as a job are less committed and engaged. Lastly, a positive relationship exists between organisational commitment and work engagement. Therefore, the more strongly nurses view their work as a calling, the more committed they will be to the hospital and the more engaged they will be in their work. Based on the above findings, recommendations were made for the hospitals and future research.

CHAPTER 1

1. INTRODUCTION

This dissertation focuses on organisational commitment, work engagement and meaning of work among nurses in hospitals.

In this chapter, the problem statement is discussed and an outline is provided of the research objectives, research method and chapter division.

1.1. PROBLEM STATEMENT

Researchers, policy makers and the general public are increasingly raising concerns about the mobility of workers in the health care sector and the consequences of this mobility (Alexis, Vydelingum & Robbins, 2006). More specifically, international research has found that one of the major challenges facing the health care industry is that of nurse shortages (Brown, 1997). More than a decade ago, a decline in the number of people working as nurses, both qualified and unqualified, was reported (Hemsley-Brown, 1997). The nursing profession will become increasingly vital internationally as well as in South Africa and the shortage has even been referred to locally as an 'imminent crisis' (Smyer & Pitt-Catsoupes, 2007).

There is dissatisfaction among nurses. Incidents such as the strikes among nurses in Zambia may spread internationally and lead to local strikes (Anonymous, 2009, July 13). Locally, Western Cape hospitals are dealing with a critical shortage of nurses and the influence of this shortage on the current staff (Househam, 2004). South Africa is steadily losing trained nursing staff (Pillay, 2009) and there is a shortage of 46 000 nurses in the country (Rank, 2008, October 19). According to Danie Meintjes, Medi-Clinic's director of human resources, the country's skills shortage cannot be alleviated by paying nurses more. He asserts, furthermore, that they need to be brought into the system and kept there (Shevel, 2003).

Research indicates a strong migration of nurses from the rural public sector areas to the urban private sector (Department of Health, 2006; Pillay, 2009). The losses of nursing staff reported above have been directly linked to organisational commitment (Li-Chi Huang, Lin & Chen, 2005).

According to Allen and Meyer (1990), commitment refers to a psychological state that binds the individual and the organisation together. This relationship can be classified into three components of organisational commitment: affective, continuance and normative commitment (Allen & Meyer, 1990).

Investigating organisational commitment is important and useful to organisation leaders, as organisational commitment has been found to affect other organisational outcomes (Lum, Kervin, Clark, Reid & Sirola, 1998), including company service and profitability (Benkhoff, 1997; Koh & Boo, 2004). Most nurses' training begins in the public sector and their knowledge base is grounded on that experience (Pillay, 2009). However, because more experienced nurses locate to the private sector, the public sector is over-represented by nurses with less than 10 years' experience. The difference in the quality of care may be explained by the loss of experienced nurses, which results in new students having to be trained (Pillay, 2009).

Pillay (2009) found that one-third of nurses, mostly from the public sector, intended to leave their profession. Employees who do not find personal meaning in the workplace are more likely to move from one job to another in search of the right company or job (Singh, Jain, & Bhandarker, 2006). According to Singh et al. (2006), meaning cannot be found in the workplace if our ability to have a fulfilling life and our capacity to perform to our maximum potential is weakened. Any factor that might provoke such results is worth studying in order to minimise its effects. These outcomes can be prevented, leading to organisational commitment when the purpose of work is aligned with the meaning of work (Moody & Pesut, 2006). Meaningless work is often associated with apathy and detachment from one's work, with the result that employees are disengaged from their work (May, Gilson & Harter 2004).

Bakker, Schaufeli, Leiter and Taris, (2008) have found that work engagement may broaden the view of the meaning of work. Parry (2006) reports that there is a relationship between meaning of work and work-related engagement; however, the direction and the extent of the relationship is still largely undetermined. If it can be established that an engaged employee experiences meaning in his/her work, or that an individual's level of meaning of work leads to engagement, appropriate measures can be taken to enhance such a relationship.

With regard to the notion that meaning of work may improve organisational commitment, it has been found by Lok and Crawford (2001) that age also has a significant impact on this aspect. Furthermore, they found that the older the employee, the greater the commitment levels (Lok & Crawford, 2001) and the less likely he or she is to resign (Shen & Kleiner, 2001). Mid-career and late-career workers often respond to a sense of their own physical, cognitive, emotional and even social changes. Age affects the meaning that young, middle-aged and older workers attach to their work (Smyer & Pitt-Catsoupes, 2007). Older nurses remain in their current positions and organisations in pursuit of security, as alternative occupations become limited. Younger employees, on the other hand, have the flexibility to explore all the options within their profession, as well as choices of alternative occupations (Pillay, 2009). It can be concluded that, for employees, the meaning of work begins to develop in early career years, and that they continue to reinvent those meanings across their life span, reflecting the aging process itself (Smyer & Pitt-Catsoupes, 2007).

Information obtained in this study could contribute to understanding the meaning of work for nurses across different age groups and help employers craft options for their employees which might improve work engagement and, ultimately, organisational commitment. While many studies address organisational commitment in general, organisational commitment of nurses in South Africa, in particular, has not been addressed. The intent of this study is to fill this gap in the literature by adding to the existing body of knowledge on this relevant issue, in light of the current shortage of nurses. The main constructs of this research will now be theoretically defined from the literature.

1.1.1 Literature review

Struwig and Stead (2001), state that the purpose of a literature review in quantitative research such as this, is to review relevant literature on the topic. In this study, the topic is organisational commitment and work engagement, and the influence that meaning of work and age may have on these concepts. Furthermore, the literature will indicate how this study has developed and how other researchers have dealt with similar research projects. The main constructs of this research, organisational commitment and meaning of work, will also be theoretically defined from the literature.

Organisational Commitment

Organisational commitment is defined as a state in which an employee identifies with a specific organisation and its goals, and wishes to remain within the organisation as a member (Robbins, Odendaal & Roodt, 2003). It is the commitment of an employee to his or her employers. Organisational commitment is also regarded as the individual's strength of identification with, and involvement in, a particular organisation (Porter, Steers, Mowday & Boulian, 1974). A large number of definitions refer to the three factors by which organisational commitment is characterised (Porter et al., 1974; Allen & Meyer, 1990). These factors are: a strong belief in and acceptance of the organisation's goals and values, a willingness to exercise a great amount of effort on the organisation's behalf, and a strong desire to maintain membership (Mowday, Porter & Steers, 1982). Some claim that organisational commitment is concerned with an individual's affective emotions, as well as his or her participation in the group (Kanter, 1968 & Sheldon, 1971, as cited in Mowday et al. 1982).

However, Mathieu and Zajac (1990) see commitment as an attitude in which the person reflects the nature and quality of the link between himself and the organisation. Several researchers look at the concept of commitment from a cost perspective and regard it as a gamble, for example, investment in something valuable to employees, such as effort, time and money (Carmeli & Gefen, 2004). Commitment to an organisation also reflects the profit resulting from participating in the organisation, and the cost associated with leaving the organisation, such as loss of status and the stability of a work environment (Kanter, 1968 as cited in Mowday et al. 1982).

For the purpose of this research, organisational commitment is defined by a model developed by Allen and Meyer (1991), consisting of three distinct themes: commitment as an affective attachment to the organisation; continuance commitment, as a perceived cost associated with leaving the organisation; and normative commitment, as an obligation to remain in the organisation. Furthermore, they state that, linked to these three approaches is the view that commitment is a psychological state that (a) is characterised by the employee's relationship with the organisation and (b) has implications for the decision to continue or discontinue employment in the organisation (Meyer, Allen & Smith, 1993). They suggest that further

research could focus on commitment to entities that are theoretically important for understanding the behaviour of interest (Meyer et al., 1993).

Based on the definition that organisational commitment is characterised by the employee's relationship with the organisation, the employee's level of engagement in the work and the meaning he or she attaches to the work will be researched in order to investigate such a relationship between employee and organisation.

Work Engagement

Saks and Rothmann (2006) argue that employees see engagement as a means of repayment towards the organisation. Thus, employees can choose at what level or to what degree they want to be engaged in their work, based on the resources they receive from the organisation. Blizzard (2002) states that engaged employees are loyal and psychologically committed to the organisation.

“Engagement” in this study will be defined according to Schaufeli, Salanova, Conzalez-Roma and Bakker (2002, p74) “as a positive, fulfilling, work-related state of mind that is characterised by vigour, dedication and absorption”. It is a persistent state, not focused on a particular object, event, individual or behaviour (Rothmann & Joubert, 2007; Schaufeli & Bakker, 2004; Van den Broeck, Vansteenkiste, De Witte & Lens, 2008). Vigour is characterised by high energy levels and mental resilience while working. It is the employee's willingness to invest effort into the work and his determination in spite of difficulties. Dedication is characterised by a sense of significance, enthusiasm, pride, and challenge. Absorption is characterised by concentrating fully on, and being engrossed in, work and finding it difficult to detach oneself from one's work (Schaufeli et al., 2002).

This definition implies that engagement is also a predictor of motivation (enhanced through finding meaning) and organisational commitment (Schaufeli & Bakker, 2004). Saks and Rothmann (2006) state that, even though there may be elements of engagement that link to organisational commitment, it is not a perfect correlation. Organisational commitment, according to Saks and Rothmann (2006), differs from engagement in the sense that commitment emphasises a person's connection with, and attitude or attachment to, the organisation. Engagement, however, is not seen as an attitude but rather the degree to which

one is absorbed in one's work. May et al. (2004) state that, in order for employees to be engaged in their work, they need to be emotionally and behaviourally connected to their organisation, which thus relates to finding meaning in work. Maslach, Schaufeli and Leiter (2001) explain that work engagement can be related to meaningfulness of work.

Research that has been done on organisational commitment and engagement shows that people can, according to Maslach et al. (2001), be engaged in their work, but not be committed to the organisation they are working for, or that the individual can be committed to the organisation, but not be engaged in the work. It is for this reason that this study will be focusing on the relationship between work engagement and organisational commitment and, largely, on the extent to which meaning of work has an influence on those factors, whether it be positive or negative.

Meaning of work

Human beings have a strong need to create meaning and it is this need which helps them to manage the demands and pressures, and sometimes the repetitiveness, of the workplace (Singh et al., 2006). Meaning of work can be defined as the significance one attributes to work, one's representation of work, and the importance it has in one's life. It can also be defined as one's orientation or preference towards work, what one is seeking in work, and the intents that guide one's actions (Morin, Montreal, & de Janeiro, 2004).

For the purpose of this research, meaning of work is viewed as the difference in individuals' experience of the work they do (Wrzesniewski, McClauley, Rozin & Schwartz, 1997). Bellah, Madsen, Sullivan, Swidler, and Tipton (1985) state that there are three different relationships that people may have with their work, which can be defined by the terms job, career and calling. Furthermore, it has been found that it is easy for most people to assign themselves to one of the three dimensions. According to Bellah et al. (1985), people who perceive their work as a job are interested in the material benefits of work. The work provides a means that allows the individual to obtain the resources needed to enjoy the time away from the job. In contrast, people with careers have a personal investment in their work and mark their achievements, not through financial gain, but also through advancement within the organisation. This advancement often brings higher social status, power within the scope of the occupation, and higher self-esteem for the individual (Bellah et al., 1985).

People with a calling do not work for financial gain or career advancement, but rather for the self-fulfilment that the work brings to them, and these individuals find that their work is inseparable from their lives. In their study, Wrzesniewski et al. (1997) found that respondents who saw their work as jobs, careers or callings were very similar in age, in each dimension.

Previous research has found that older workers have higher levels of commitment to their employers and that the continuing shifts in age also affect the meaning that young, middle-aged and older workers attach to their work (Moody & Pesut, 2006). Therefore, it would be interesting to investigate the relationship between age and commitment and meaning of work in this study.

There are many different definitions and classifications of age. Chronological age refers to the passage of time, and is marked by birthdays. Cognitive age is how old one feels: one may not feel as old as one's chronological age. Biological age refers to the physical deterioration of the body and is measured by health and functional performance; the different social roles people play at different stages in their lives, such as father or grandparent, refer to social age (Ong, Lu, Abessi & Phillips, 2008).

Certain authors classify age into generation groups which exist in the business world, namely, baby boomers, born between 1925 – 1940; generation X, born between 1961 – 1976; and generation Y, also known as millennials, born between 1977 – 1992 (Glass, 2007; Macky, Gardner & Forsyth, 2008; Littrell, Ma & Halepete, 2005). These authors are of the opinion that differences between employees who grew up in different time periods occur because of environmental influences, different world views, expectations, values, and ultimately, personalities (Glass, 2007; Macky et al., 2008; Littrell et al., 2005).

For the purpose of this research, age will be conceptualised as chronological age, referring to the progression of a person's age from birth (Shen & Kleiner, 2001), which changes at a steady rate (Ong et al., 2008). Age will be classified into three categories, namely younger workers, middle-aged workers and older workers. The ages of the participants will be established by using a biographical questionnaire in which they need to indicate their birth date. Moody and Pesut (2006) also found that most mid- and late-career workers continued

to find meaning in their work. Regardless of the literature highlighting age as a fundamental influence, other biographical factors will also be considered during this study.

According to Frankl, finding meaning represents being fully committed to everything you do and in life, work is one of the main tasks to which people can be fully committed and in which they can find meaning (Bergh & Theron, 2006). Therefore, the objective of this research is to determine whether employees who perceive their work as a job will be more likely to be committed to the organisation because of the costs perceived by the employees as being associated with leaving the organisation. Employees who view their work as a career would then feel obliged to remain with the organisation as they have responsibilities within the organisation and towards the organisation, and feel that commitment and personal investment may lead to advancement. People who believe their work to be a calling are more committed to their organisation as they have an emotional attachment to, identification with, and involvement in, that particular organisation, owing to their need for the fulfilment that the work brings to them.

Lastly, this research sets out to establish whether an employee's biological age will have an influence on these relationships. No results could be traced of any study carried out in a hospital, in South Africa, focusing on the relationship between organisational commitment (affective, normative and continuance commitment), meaning of work (job, career and calling), work engagement and the role of chronological age on this relationship. It is therefore one of the objectives of this research to determine whether such a relationship does exist.

According to Hackman and Oldham (1980), as cited in Bergh and Theron (2006), a critical internal psychological state is a necessary condition for high levels of employee motivation. Such a psychological state is the meaningfulness of the work for the employee (Moody & Pesut, 2006). Based on a synthesis of theories, it is suggested that the motivation to care is enhanced through finding meaning; it also requires attention to the individual (Moody & Pesut, 2006). It is for this reason that the Existence, Relatedness and Growth Theory (ERG theory) will be used, as it focuses on the role of individual differences in motivation (Wiley, 1997).

The personal meaning that nurses attach to their work has a positive and significant influence on their work motivation (Moody & Pesut, 2006). If having meaning in work enhances work

motivation, employees are more inclined to commit to the organisation and trust in the legitimacy of management (Rousseau & Tijorwala, 1999). Figure 1 illustrates the hypothesised model used as the foundation for this research, based on the ERG theory proposed by Clayton Alderfer, who reworked Maslow's hierarchy of needs (Wiley, 1997).

Alderfer found that there are three core needs: (a) existence, which is concerned with providing our basic material needs, and includes basic needs such as hunger, shelter and need for security and safety; (b) relatedness, which is the desire for maintaining important interpersonal relationships and esteem factors such as achievement, status, recognition and autonomy; and (c) growth, which is the intrinsic desire for personal development and to become what one is capable of becoming, and includes growth, achievement and self-fulfilment (Robbins et al., 2003).

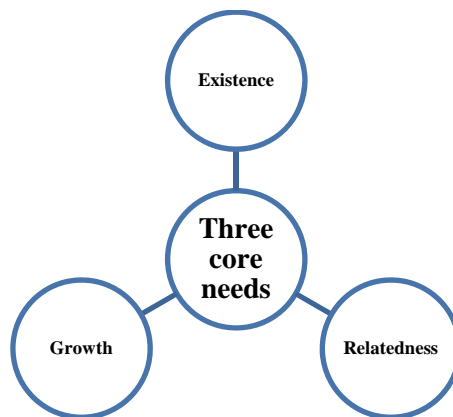


Figure 1. Hypothesised foundation of the relationship between organisational commitment and meaning of work, and what influence age may have thereon.

The following research questions can be formulated, based on the above-mentioned description of the research problem:

- Does a practically significant relationship exist between meaning of work (job, career, and calling) and organisational commitment?
- Does a practically significant relationship exist between meaning of work (job, career and calling) and work engagement?
- Do biographical factors predict meaning of work (job, career and calling)?
- Does meaning of work as a calling predict work engagement?
- Does meaning of work as a calling predict commitment?

In order to answer the above research questions, the following research objectives are set.

1.2. RESEARCH OBJECTIVES

The research objectives are divided into general and specific objectives.

1.2.1 General objective

The general objective of this research is to determine the relationship between organisational commitment, work engagement, meaning of work and the influence on these of the age of nurses in hospitals.

1.2.2 Specific objectives

The specific objectives of this research are:

- To determine whether a practically significant relationship exists between meaning of work (job, career, and calling) and organisational commitment.
- To determine whether a practically significant relationship exists between meaning of work (job, career and calling) and work engagement.
- To determine if biographical factors predict meaning of work (job, career and calling).
- To determine if meaning of work as a calling predicts work engagement.
- To determine if meaning of work as a calling predicts commitment.

1.3. PARADIGM PERSPECTIVE OF THE RESEARCH

A certain paradigm perspective that includes the intellectual climate and the market of intellectual resources (Mouton & Marais, 1996) directs the research.

1.3.1 Intellectual climate

The intellectual climate refers to a range of meta-theoretical values or beliefs held by those practising within a discipline at any given stage. These sets of beliefs, values and assumptions are not directly related to the theoretical goals of the practice of scientific research, as their origin can be traced to non-scientific contexts (Mouton & Marais, 1996).

1.3.1.1 Discipline

This research falls within the boundaries of the behavioural sciences and, more specifically, industrial psychology. Bergh and Theron (2006) describe industrial psychology as an applied field of psychology that shares a common history with the developmental history of psychology.

According to Bergh and Theron (2006), industrial psychology as a field of study can be divided into a number of sub-disciplines, namely: organisational psychology, personnel psychology, research methodology, psychological assessment, career psychology, counselling, employment relations, employee well-being and organisational well-being, ergonomics, and consumer psychology.

The sub-disciplines of industrial psychology that are focused on in this research are personnel psychology, organisational psychology and psychological assessment. These are concerned with activities such as recruitment, selection, placement and training of employees, motivation and a study of factors that influence the utilisation of personnel (Bergh & Theron, 2006). Personnel psychology focuses more on individual employees and their differences while obtaining the optimum fit between the employee and the organisation. Establishing the relationships that individual nurses have with their work could enable one to motivate them with the correct methods, such as training. Meaning of work could also be utilised as a screening tool during recruitment. For employees already employed by the organisation, programmes designed to increase levels of meaningfulness could be developed.

Organisational psychology is concerned with work organisations and systems such as individual employees, work groups, structure and dynamics of organisations. Its basic aim is to facilitate employee satisfaction and productivity, organisational efficiency and employee adjustment (Robbins et al., 2003). Therefore, an important instrument for organisational psychologists is assessment of work-related attitudes, for example, organisational commitment. As previously mentioned, if an employee has meaning in his/her work he/she will be more committed to the organisation, which is ultimately the function of organisational psychology (Lok & Crawford, 2001). This research will aim to determine whether meaning of work influences the commitment of the individual to the organisation.

Psychological assessment is a process-orientated activity where a wide range of information is gathered by the use of assessment measures/tests and information from different sources. This information is then evaluated and integrated to reach a conclusion or make a decision (Foxcroft & Roodt, 2005). Measures to be used for obtaining information for this research consist of a number of questionnaires, which have been proved to be valid and reliable.

1.3.1.2 Meta-theoretical assumptions

Five paradigms are relevant to this research. Firstly, the literature review is conducted within the humanistic paradigm and systems theory paradigm; and secondly, the empirical study is conducted within the behaviouristic and positivistic paradigms.

1.3.1.3 Literature review

The literature review is conducted within the humanistic and systems theory paradigms. According to Bergh and Theron (2006), the *humanistic paradigm* is a school of thought that emphasises a more person-oriented approach, where human personality and self-image are best understood by their subjective existing in, and unique experiences of, reality and the striving towards self-actualisation.

The following basic assumptions are relevant in this regard (Bergh & Theron, 2006):

- People do not react only to physical realities which are perceived, but also to the way they subjectively interpret events and phenomena (Bergh & Theron, 2006).
- Individuals are seen as different in how they have learned to be, experience becoming fully functioning individuals who find meaning in life (Bergh & Theron, 2006).
- Personality is unique to every person and the experiences that each person has in life shape the self-concept and perception of being a person (Bergh & Theron, 2006).

1.3.1.4 Empirical study

The *behaviouristic paradigm*, according to Bergh and Theron (2006), assumes that personality is characterised by acquired, observable behaviours or responses, expectations

and thoughts. Furthermore they state that these behaviours are learned and rewarded in the various types of environment in which the individual may function. A person's environment and circumstances are the main influence on what a person becomes and what potential he may have. One of the assumptions of the behaviouristic paradigm is that personality is not stable but a learned response and that behaviour in a given situation has been obtained by learning and by means of a person's developmental history as a result of either positive rewards or punishment (Bergh & Theron, 2006). Aspects of personality include motivation, development and self-concept, to name just a few. Behaviourists use many approaches to explain human motivation of behaviour; however, Robbins et al. (2003) state that behaviourists agree that behaviour is motivated and directed by reinforcement processes. Such processes may be used to motivate an employee to continue particular outcomes (Bergh & Theron, 2006).

In a *positivistic paradigm* it is accepted that there is a definite reality or truth which the researcher can know (Guba & Lincoln, 1989). This external reality is then objectively examined according to certain laws (Bergh & Theron, 2006). The researcher uses experimental research methods to ensure that observations take place under strictly controlled conditions (Guba & Lincoln, 1989). The empirical part of this research falls within the positivist framework, with its focus on psychological assessment, psychometrics and statistical analysis, in an attempt to solve the research problem.

1.3.2 Market of intellectual resources

The market of intellectual resources refers to a set of beliefs which has a direct bearing on the epistemic status of scientific statements (Mouton & Marais, 1996).

1.3.2.1 Theoretical beliefs

Theoretical beliefs may be described as those beliefs of which testable statements about social phenomena are made. Therefore, they can be seen as assertions about the what (descriptive) and why (interpretative) aspects of human behaviour (Mouton & Marais, 1996). Statements which form part of hypotheses, typologies, models or theories are included.

A. Conceptual definitions

The relevant conceptual definitions are given below:

Organisational commitment is classified into three distinct themes, labelled affective, continuance and normative commitment (Allen & Meyer, 1990). Affective commitment is described as the emotional attachment to the organisation, continuance commitment as a perceived cost associated with leaving the organisation and normative commitment as an obligation to remain in the organisation.

Meaning of work (which is synonymous with **Meaningful Work** and **Work Orientation**) is viewed as the difference in individuals' experience of the work they do (Wrzesniewski et al., 1997) and people can assign themselves to one of the three dimensions, job, career or calling. People who have a job are interested only in the financial benefits of the work. Career-orientated people value not only financial gain but also advancement within the organisation. A calling is the fulfilment the individual achieves by doing the work itself (Bellah et al., as cited in Wrzesniewski et al., 1997).

Work engagement is defined by Schaufeli and Bakker (2004) as a positive, fulfilling, work-related state of mind, which is characterised by vigour, dedication and absorption. It is a persistent state, not focused on a particular object, event, individual or behaviour (Van den Broeck et al., 2008; Rothmann & Joubert, 2007; Schaufeli & Bakker, 2004).

Age will be conceptualised as *chronological age*, which refers to the passage of time, marked by birthdays (Shen & Kleiner, 2001). Age of workers is classified into three categories: young, middle-aged and older.

B. Models and theories

A model is referred to as a partial representation of a phenomenon, aimed at simplifying the expression of relationships between components of a process and also suggesting new areas of research, as it emphasises certain relationships and dimensions (Mouton & Marais, 1996). In quantitative research, the study is supposed to be guided by theories and prior research findings; it is for this reason that no model was utilised (Struwig & Stead, 2001). A theory is a set of concepts, definitions and propositions presenting a phenomenon while aimed at

explaining and predicting the phenomenon or event (Mouton & Marais, 1996). As noted earlier, meaning of work can be regarded as a work motivator (Moody & Pesut, 2006), and employees who are motivated are more inclined to commit to the organisation (Rousseau & Tijorwala, 1999). Motivation can be described by utilising a theory and for this research the theory developed by Clayton Aldefer will be used.

This theory is characterised by the notion that people have three groups of core needs that explain employees' motivation. The theory is also more consistent with individual differences among people.

The interaction between organisational commitment, work engagement and meaning of work is demonstrated in Figure 2, with the motivation theory as a basis.

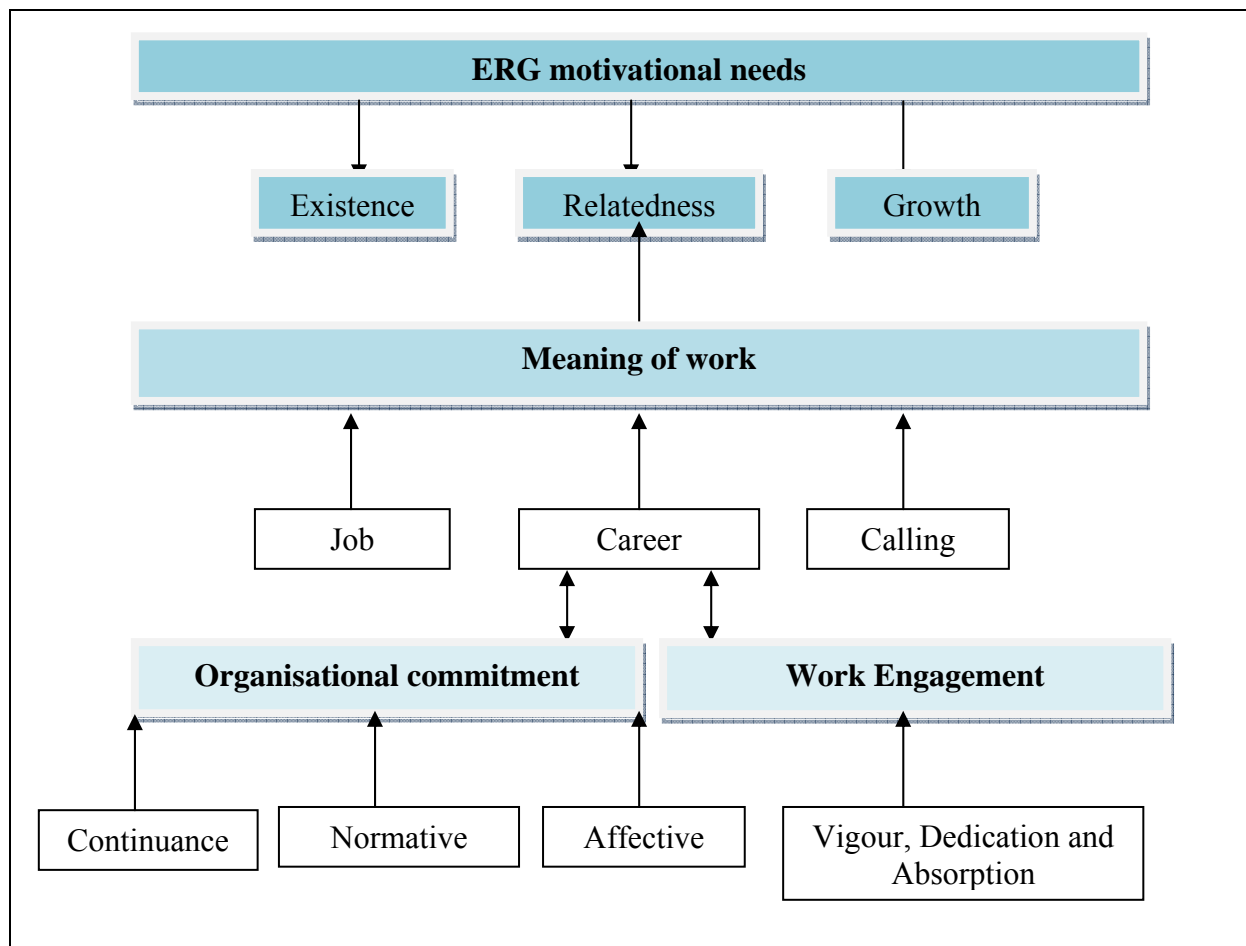


Figure2. The motivation process based on Clayton Aldefer theory, (Robbins et al., 2003).

1.3.2.2 Methodological beliefs

Methodological beliefs can be defined as beliefs which are concerned with the nature of social science and scientific research. They are more aligned to those beliefs that form part of the intellectual climate because they often entail a postulative facet (Mouton & Marais, 1996).

The empirical study is presented within the behaviouristic and positivistic frameworks. These frameworks have been discussed under 1.3.1.4.

1.4. RESEARCH METHOD

This research, pertaining to the specific objectives, consists of two phases: a literature review and an empirical study. The results obtained from the research are presented in the form of a research article.

1.4.1 Phase 1: Literature review

In phase 1, a complete review is conducted regarding organisational commitment, work engagement, meaning of work and age groups. The sources utilised include:

- Library catalogues
- EBSCO, PsychINFO and other electronic sources
- Internet resources
- Local and international psychology journals
- RGN Nexus: current and completed research
- Books
- Unpublished theses and dissertations

1.4.2 Phase 2: Empirical study

The empirical study consists of the research design, participants, measuring battery, and statistical analysis.

1.4.2.1 Research Design

For the purpose of this study, a quantitative research design was chosen as it aims at testing hypotheses and involves large representative samples (Struwig & Stead, 2001). The aim of the research design is to align the research goal with the practical considerations and limitations of the study; it implies that the research is planned and structured in such a way that the eventual validity of the research findings is maximised (Kerlinger & Lee, 2000). The specific design that will be used is a descriptive study.

A descriptive study highlights the in-depth description of a specific individual, situation, group or organisation (Mouton & Marais, 1996). It also aims to describe phenomena accurately through narrative-type descriptions, classification, and measuring of relationships (Terre Blanche & Durrheim, 2002).

A cross-sectional design will be used, as it takes place at a single point in time (Field, 2005), with a survey as the data collection technique to achieve the research objectives. Cross-sectional designs are used to examine groups of subjects in various stages of development simultaneously, while a survey is a data-collection technique in which questionnaires are used to gather data about an identified population (Burns & Grove, 1993). Information collected is used to describe the population at that point in time. This design can also be used to assess interrelationships among variables within a population. According to Shaughnessy and Zechmeister (1997), this design is best suited to addressing the descriptive and predictive functions associated with the correlation design, whereby relationships between variables are examined.

1.4.2.2 Participants

Participants will consist of nurses working in three selected hospitals. Both permanent and non-permanent employees will participate in this research. A total of 400 questionnaires will be distributed throughout the hospitals. A non-probability sampling technique will be used and the cluster sampling method will be utilised. This means that the researcher will divide the participants in the hospital into groups and then select any of those numbers of groups at random (Struwig & Stead, 2001). The reason for this selection is the fact that nurses' availability is limited as their working environment is unpredictable and their working hours are divided into shifts.

1.4.2.3 Measuring Battery

Organisational commitment, meaning of work, work engagement and the age of participants will be measured by using four questionnaires.

A *biographical questionnaire* will be developed to obtain information concerning the demographic characteristics of the participants and also to determine the age group construct. Other information gathered will include gender, race, education, citizenship, tenure, position and employment status.

Organisational commitment will be measured by using the questionnaire developed by Meyer and Allen (1990). The instrument consists of 24 items, eight items focusing on affective commitment, eight items on normative commitment and eight items on continuance commitment. The respondents respond on a Likert-rating scale with seven points ranging from 1 for 'strongly disagree' to 7 for 'strongly agree'. A typical item for affective commitment is 'I do feel a strong sense of belonging to my organisation'; for continuance commitment 'Too much in my life would be disrupted if I decided I wanted to leave my organisation now'; and for normative commitment 'I do believe that a person must always be loyal to his or her organisation'. In previous research (Meyer & Allen, 1990), the reliability of this instrument was found to be adequate and the scale's alpha coefficients were as follows: affective commitment, 0,87, continuance commitment, 0,75 and normative commitment, 0,79.

The *Utrecht Work Engagement Scale (UWES)*, developed by Schaufeli et al. (2002), will be utilised in order to determine the levels of work engagement experienced by the nurses. The UWES is a self-report measure aimed at measuring the three components of work engagement, namely, vigour, dedication and absorption (Storm & Rothmann, 2003). The UWES is measured on a seven-point scale, ranging from 0 (never) to 6 (always), with a typical item being 'I feel emotionally drained by my work'. Schaufeli et al. (2002) found alpha coefficients for this instrument ranging from 0,68 to 0,91. In South African studies, Storm and Rothmann (2003) obtained alpha coefficients ranging from 0,78 to 0,89, implying that the instrument is reliable in the South African context.

The *Work-Life Questionnaire* was developed by Wrzesniewski et al. (1997). The measure is aimed at measuring the individual's orientation to work (meaning of work). These orientations are classified into three main categories: firstly, work as a job, secondly, work as a career and lastly, work as a calling. The questionnaire is divided into two parts: the first part contains three paragraphs representing the three work orientations. Participants have to read all three paragraphs and then rate their level of association with each paragraph on a scale ranging from 'very much me', 'somewhat', 'a little', to 'not at all like me'. The second part consists of 18 true/false items about specific aspects of relation to work that are relevant to the three work orientations in the first part of the questionnaire. A typical item is 'My primary reason for working is financial'. According to Wrzesniewski et al. (1997), it is a self report measure. In previous research, where nurses were included in the sample, Wrzesniewski et al. (1997) found the reliability of this instrument to be adequate. Smith, Kain, Yugo and Gillespie (in press) reported the internal consistency of the questionnaire to be represented by a Cronbach alpha coefficient which ranged from 0,47 to 0,77 on the various subscales, with 0,65, on the job subscale, 0,47 on the career subscale and 0,77 on the calling subscale. The results of this questionnaire provide an indication of where the respondent falls on the job-career-calling continuum.

1.4.2.4 Statistical Analysis

The statistical analysis will be carried out by using the SPSS program (2009). Descriptive statistics (i.e. means, standard deviations, skewness and kurtosis) will be used to analyse the data. Cronbach alpha coefficients will be used to determine the internal consistency and reliability of the measuring instruments (Kerlinger & Lee, 2000). Coefficient alpha also makes it possible to find the reliability of instruments that use Likert scales, which have no right or wrong answers (Kerlinger & Lee, 2000).

Pearson product-moment correlation coefficients will be used to specify the relationships between the variables. Using statistical significance, the correlation between the subscales of organisational commitment and meaning of work will be tested and the value will be set at a 95% confidence interval level ($p \leq 0,05$). The correlation coefficients will therefore be statistically significant on the 0,05 level (*) and practically significant with a medium effect ($r \geq 0,30$) or large effect ($r \geq 0,50$) (Field, 2005).

Multivariate analysis of variance (MANOVA) will be used to determine the differences between the levels of organisational commitment, meaning of work and biographical information obtained. MANOVA tests whether or not mean differences among groups in a combination of dependent variables are likely to have occurred by chance (Field, 2005). In MANOVA, a new dependent variable that maximises group differences is created from the set of dependent variables. Wilks' Lambda will be used to test the likelihood of the data, on the assumption of equal population mean vectors for all groups, against the likelihood on the assumption that the population mean vectors are identical to those of the sample mean vectors for the different groups. When an effect is significant in MANOVA, one-way analysis of variance (ANOVA) will be used to establish which dependent variables have been affected. Seeing that multiple ANOVAS are used, a Bonferroni-type adjustment is made for inflated Type I error. Tukey tests are done to indicate which groups differ significantly when ANOVAS are performed.

4.2.5 Ethical considerations

Ethical considerations that need to be taken into account are the informed consent of the participants, confidentiality of the participants, deception by withholding information or misleading participants, and plagiarism, where the work of others is used without acknowledging their contribution (Struwig & Stead, 2001).

For the purpose of this study, the researcher will provide information concerning the study and also obtain permission from the headquarters of these hospitals. Consent forms will be distributed to all potential participants before commencing the assessments. During the distribution of forms, they will be informed that they are free to decline to participate in the research and that there will be no negative consequences if they decide to do so. Confidentiality will be maintained throughout the process and if confidentiality cannot be guaranteed, participants will be notified. The name of the institution where the research will be conducted will not be supplied unless permission is given. A presentation will be held with potential participants at a briefing session, where participants will be informed of the objectives of the study and what is expected of them. Lastly, all the work of other authors or researchers used in this study will be referenced to eliminate plagiarism.

1.5. OVERVIEW OF CHAPTERS

Chapter 1: Research proposal and problem statement.

Chapter 2: Research article.

Chapter 3: Conclusions, limitations and recommendations.

1.6. CHAPTER SUMMARY

Chapter 1 provided a discussion of the problem statement and research objectives. The measuring instruments as well as the research method were explained, followed by a brief overview of the chapters to follow.

REFERENCE LIST

- Alexis, O., Vydelingum, V., & Robbins, I. (2006). Overseas nurses experience of equal opportunities in the NHS in England. *Journal of Health Organisation and Management*, 20(2), 130-139.
- Allen, N.J., & Meyer, J.P. (1990). The measurement and antecedents of affective, continuous and normative commitment to the organisation. *Journal of Occupational Psychology*, 63, 1-18.
- Anonymous. (2009, July 13). Zambian hospitals shut wards after nurses' strike. SABC News, p. 12.
- Bakker, A.B. Schaufeli, W.B., Leiter, M.P., & Taris, T.W. (2008). Work engagement: An emerging concept in occupational health psychology. *Work & Stress*, 22(3), 187-200.
- Bellah, R., Madsen, R., Sullivan, W., Swidler, A., & Tipton, S. (1985). *Habits of the Heart: Individualism and commitment in American life*. California: University of California Press.
- Benkhoff, B. (1997). Ignoring commitment is costly: new approaches establish the missing link between commitment and performance. *Human Relations*, 50, 701-26.
- Bergh, Z. C., & Theron, A. L. (2006). *Psychology in the work context* (3rd ed.). Cape Town: Oxford University Press.
- Blizzard, D. B. A. (2002). Nurses may be satisfied, but are they engaged? Retrieved October 10, 2009 from <http://www.gallup.com/poll/tb/healthcare/20020514.95p?Version=pp>
- Brown, J.H. (1997). Counting nurses: interpreting nursing workforce statistics. *Health Manpower Management*, 23(5), 159-166.
- Burns, N., & Grove, S. K. (1993). *The practice of nursing research: Conduct, critique and utilization* (2nd ed.). Philadelphia, NJ: W.B. Saunders.
- Carmeli, A., & Gefen, D. (2004). The relationship between work commitment models and employee withdrawal intentions. *Journal of Managerial Psychology*, 20(2), 63-86.
- Department of Health (DOH) (2006). A national human resources plan for health, available at: www.doh.gov.za/docs/policy-f.html.
- Field, A., (2005). *Discovering statistics using SPSS*. London, UK: Sage Publications.
- Foxcroft, C., & Roodt, G. (2005). *An introduction to psychological assessment in the South African context*. Cape Town: Oxford University Press.
- Glass, A. (2007). Understanding generational differences for competitive success. *Industrial and Commercial Training*, 39(20), 98-103.

- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage Publications.
- Hemsley-Brown, J. (1997). Counting nurses: interpreting nursing workforce statistics. *Health Manpower Management*, 23(5), 159-166.
- Househam, C. (2004). Dealing with staff shortages in our provincial hospitals. *Department of health*.
- Kerlinger, N.F., & Lee, H.B. (2000). *Foundations of behavioural research* (4th ed.). United States of America: Wadsworth Thomas Learning.
- Koh, H.C., & Boo, E.H.Y. (2004). Organizational ethics and employee satisfaction and commitment. *Management Decision*, 42(5), 677-693.
- Li-Chi Huang, R.N., Lin, C.J., & Chen, R.N. (2005). Factors influencing organizational commitment: A study of nurses in Taiwan. *International Nursing Research Congress*, 16(2).
- Littrell, M.A., Ma, Y.J., & Halepete, J. (2005). Generation X, Baby Boomers, and Swing: marketing fair trade apparel. *Journal of Fashion Marketing and Management*, 9(4), 407-419.
- Lok, P., & Crawford, J. (2001). Antecedents of organisational commitment and the mediating role of job satisfaction. *Journal of Managerial Psychology*, 16(8), 594-613.
- Lum, L., Kervin, J., Clark, K., Reid, F., & Sirola, W. (1998), Explaining nursing turnover intent: job satisfaction, pay satisfaction, or organizational commitment? *Journal of Organizational behaviour*, 19, 305-20.
- Macky, K., Gardner, D., & Forsyth, S. (2008). Generational differences at work: Introduction and overview. *Journal of Managerial Psychology*, 23(8), 857-861.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422.
- Mathieu, J., & Zajac, D. (1990). A review and meta analysis of antecedents, correlates, and consequences of organizational commitment. *Psychology Bulletin*, 108, 171-94.
- May, D., Gilson, R., & Harter, L. (2004). The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work. *Journal of Occupational and Organizational Psychology*, 77, 11-37.
- Meyer, J.P., & Allen, N.J. (1991). A three-component conceptualization of organisational commitment. *Human Resource Management Review*, 1, 61-98.

- Meyer, J.P., Allen, N.J., & Smith, C.A. (1993). Commitment to organisations and occupations: Extension and test of a Three-component conceptualization. *Journal of Applied Psychology*, 78(4), 538-551.
- Moody, R.C., & Pesut, D.J. (2006). The motivation to care, application and extension of motivation theory to professional nursing work. *Journal of Health Organisation Management*, 20(1), 15-48.
- Morin, E.M., Montreal, H.E.C., & de Janeiro, R. (2004). The meaning of work in modern times. *Department of Management*, 1-12.
- Mouton, J., & Marais, H. C. (1996). *Basic concepts in the methodology of the social sciences*. Pretoria: HSRC Publishers.
- Mowday, R.T., Porter, L.W., & Steers, R.M. (1982). *Employee-organisation linkages: The psychology of commitment, absenteeism, and turnover*. San Diego: Academic Press.
- Ong, F.S., Lu, Y., Abessi, M., & Phillips, D.R. (2008). The correlates of cognitive ageing and adoption of defensive-ageing strategies among older adults. *Asia Pacific Journal of Marketing and Logistics*, 21(2), 294-305.
- Parry, G. (2006). Recrafting Work: A Model for Workplace Engagement and Meaning. *Unpublished magister dissertation, University of Pennsylvania*, 1-31.
- Pillay, R. (2009). Retention strategies for professional nurses in South Africa. *Leadership in Health Services*, 22(1), 39-57.
- Porter, L.W., Steers, R.M., Mowday, R.T., & Boulian, P.V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*, 59, 603-609.
- Rank, F. (2008, October 19). Qualified nurses stuck in menial jobs. *The Times*, p. 1.
- Robbins, S.P., Odendaal, A., & Roodt, G. (2003). *Organisational behaviour*. South Africa: Pearson education.
- Rothmann, S., & Joubert, J.H.M. (2007). Job demands, job resources, burnout and work engagement of managers at a platinum mine in the North West Province. *South African Journal of Business Management*, 38(3).
- Rousseau, D.M., & Tijorwala, S.A. (1999), "What's a good reason to change? Motivated reasoning and social accounts in promoting organizational change", *Journal of Applied Psychology*, 84(4), 514-28.
- Saks, A.M., & Rothmann, J.L. (2006). Antecedents and consequences of employee engagement. *Journal of Managerial Psychology*, 21(7), 600-619.

- Schaufeli, W.B., & Bakker, A.B. (2004). Job demands, job resources, and their relationship with burnout and engagement: a multi-sample study. *Journal of Organizational Behaviour*, 25, 293–315.
- Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V., Bakker, A.B. (2002). The measurement of engagement and burnout: a two sample confirmatory factor analytic approach. *Journal of Happiness Studies*, 3, 71-92.
- Shaughnessy, J.J., & Zechmeister, E.B. (1997). *Research methods in psychology* (4th ed.). New York: McGraw-Hill.
- Shen, G.Y., & Kleiner, B.H. (2001). Age discrimination in Hiring. *Equal opportunities International*, 20(8), 25-31.
- Shevel, A. (2003, February 6). Hospitals offer incentives in a bid to keep their staff. News.
- Singh, P., Jain, A.K., & Bhandarker, A. (2006). Meaning of work in corporate India – Preliminary findings. *Journal of Clinical Nursing*, 14(8), 90- 97.
- Smith, E., Kain, J., Yugo, J., & Gillespie, J. (in press). Investigating the relationship between work orientation and goal orientation. *Journal of Industrial Psychology*, 1-21.
- Smyer, M.A., & Pitt-Catsoupes, M. (2007). Meaning of work for older workers. *Aging Workforce*, 23-30.
- SPSS Inc. (2009). *SPSS for Windows*. Chicago, IL: Author.
- Storm, K., & Rothmann, S. (2003). A psychometric analysis of the Utrecht Work Engagement Scale in the South African Police Service. *South African Journal of Industrial Psychology*, 29(4), 62-70.
- Struwig, F.W., & Stead, G.B. (2001). *Planning, designing and reporting research*. South Africa: Pearson Education.
- Terre Blanche, M., & Durrheim, K. (2002). *Research in practice: Applied Methods for the Social Sciences*. Cape Town: University of Cape Town Press.
- Van den Broeck, A., Vansteenkiste, M., De Witte, H. & Lens, W. (2008). Explaining the relationships between job characteristics, burnout, and engagement: The role of basic psychological need satisfaction. *The Journal of Work and Stress*, 22(3), 277-294.
- Wiley, C. (1997). What motivates employees according to over 40 years of motivation surveys. *International Journal of Management*, 18(3), 263-280.
- Wrzesniewski, A., McClauley, C., Rozin, P., & Schwartz, B. (1997). Jobs, Careers, and Callings: People's Relations to Their Work. *Journal of Research in Personality*, 31, 21-33.

CHAPTER 2
RESEARCH ARTICLE

THE EXPERIENCE OF ORGANISATIONAL COMMITMENT, WORK ENGAGEMENT AND MEANING OF WORK OF NURSING STAFF IN HOSPITALS

ABSTRACT

‘Nursing is a noble profession but too often a terrible job’ (Chambliss, 1996, p.1).

The primary objective of this research was to investigate the relationship between organisational commitment, work engagement, and meaning of work among nursing staff at various hospitals. A survey design with a cluster sample ($N = 199$) was used. The Organisational Commitment Questionnaire, Utrecht Work Engagement, Work-Life Questionnaire Scale and a biographical questionnaire were administered. All the scales showed acceptable reliability. Results showed that the majority of nursing staff view their work as either a job or a calling. This will have an impact on the organisation, as the results showed that viewing your work as a calling predicts 19% of the variance in organisational commitment and 30% of the variance in work engagement. This will accompany higher levels of engagement and commitment to the organisation, as nurses will feel that they make a meaningful contribution to the hospital and will, in turn, feel more inclined to stay in the organisation as the costs of leaving it would outweigh those of staying. Biographical factors such as gender, race, age, citizenship, qualification, years of service, job level and employment status were also investigated.

South Africa is becoming a more interdependent and interconnected country, and as a result, the mobility of skilled personnel is increasing (Pillay, 2009). The health care systems are also affected by health professionals moving out of the market, which leads to adverse consequences for the country. Taking into consideration the role played by nursing staff in the efficiency, effectiveness and sustainability of the country's health care systems, it is of considerable importance to understand the organisational and personal variables that motivate them to stay in their field and within a specific organisation (Pillay, 2009). Jacobs and Roodt (2007) proposed that, since financial constraints, exchange rates and tax free salaries at times make it difficult for local hospitals to compete with offerings from international competitors, their retention strategies should focus on what they can control. For this reason, this paper proposes the building of strategies around organisational commitment, work engagement and meaning of work among nurses.

Nurses themselves have expressed the importance to them of being valued by their organisation, and being part of a community of practice that gives them a sense of meaning (Hemsley-Brown, 1997). According to Van den Heuvel, Demerouti, Schreurs, Bakker and Schaufeli (2006), it has become progressively more important for employees to find meaning in their work settings and to seek value in their jobs. Previous research has also acknowledged the importance of experiencing meaning for optimal human functioning (Van den Heuvel, et al., 2006). Lack of meaning in one's work may lead to disengagement (Van den Heuvel et al., 2006). Therefore, finding meaning in their work might make nurses feel more energised about their work, and thus more engaged (May, Gilson & Harter, 2004). The Towers Perrin Talent Report (2003) states that engagement rests on a meaningful work experience. Organisations must thrive on the mental power of their employees by engaging them (Townsend & Gebhardt, 2008). If employees are engaged they will become aware of the organisational context and will work with others to improve performance within their roles to benefit the organisation (Devi, 2009).

Since people spend more than a third of their lives at work (Wrzesniewski, McCauley, Rozin & Schwartz 1997), it is important to look at concepts such as meaning of work and engagement, as work is an integral part of their lives (May et al., 2004). Employees move from one job to another in search of the right company when they have no personal meaning in their work (Singh, Jain & Bhandarker, 2006).

Therefore, organisational commitment can be considered a fundamental component as it is a result of whether an employee finds meaning in his/her work (Van den Heuvel et al., 2006). Organisational commitment has been described as the attachment between employees and their organisation (Jacobs & Roodt, 2007). Employees who are engaged are less likely to leave the organisation as they become more concerned about how to meet patients' needs. Baskin (2007) also found that an employee who is not engaged is more likely to leave the organisation.

A decline in the number of people, qualified and unqualified, working as nurses, was reported more than a decade ago (Hemsley-Brown, 1997). The nursing profession has become increasingly vital internationally, and locally the shortage could even be referred to as an 'imminent crisis' (Smyer & Pitt-Catsoupes, 2007). It has been reported that in South Africa there are 32 000 vacant nursing posts in public hospitals and that most of the nurses employed are over the age of 40 (Pillay, 2009).

During the current research, nurses were observed working long hours and at times sacrificing their tea and lunch breaks for the benefit of patients, owing to staff shortages. According to Pillay (2009), nurses leave their organisation for various reasons, one being their youth, as this offers nurses the flexibility to explore their options. Older nurses, on the other hand, stay with their employers because of their need for security in their jobs (Pillay, 2009). Many employees over the age of 50 reported that when focusing on whether they find meaning in their work, they perceived their jobs as meaningful (Smyer & Pitt-Catsoupes, 2007). The value of this study is that an understanding of how nurses in different age groups perceive the meaning they find in their jobs may assist employers in crafting options for their employees in order to improve engagement, which leads to organisational commitment.

The aim of this study was to investigate organisational commitment, engagement and meaning of work among nurses in different age groups in various hospitals. Studies addressing these topics could not be found in South Africa; therefore this study will fill that gap in the literature, ultimately contributing to an understanding of the relevant issue of the current nursing shortage in this country.

Organisational Commitment

Organisational commitment can be described, according to Meyer and Allen (1991, p.67), 'as the emotional attachment to, identification with, and involvement in, the organisation'. Elizur, Kantor, Yaniv and Sagie (1996) add that there are two types of commitment. The first one is moral commitment, which can be described as the attachment or loyalty to something (in this case the hospital), and the second one is calculative commitment, which can be described as the potential benefit a person would gain by being committed.

Porter, Steers, Mowday and Boulian (1974) explain that there are three types of organisational commitment. Affective commitment can be seen as the first domain, which includes the strength of a person's identification with and participation in the organisation. Jernigan (2002) explains that individuals with affective commitment stay within the organisation, not because they have to, or not because they feel obligated to do so, but rather because they want to stay. Continuance commitment or behavioural commitment is based on the degree to which the person perceives the costs of leaving the organisation as greater than staying, or simply that the person remains committed because no other options are available to him or her, according to Meyer and Allen (1991). Jernigan (2002) concurs that employees with continuance commitment stay with the organisation because they have to.

Lastly, Steers (1977) explains normative commitment as attaching internalised values to the organisation. It can be regarded as a feeling of obligation towards the organisation, according to Steers (1977). Meyer and Allen (1991) identified two mechanisms which can contribute to normative commitment. The first one is a strong identification between the values of the individual and the values of the organisation, and the second is a more instrumental mechanism which is associated with reward systems. Thus, an employee may be rewarded according to certain criteria, and may then in return feel obligated to stay with the company (Jacobsen, 2000). Therefore, individuals who experience normative commitment, according to Jernigan (2002), are committed to the organisation because they feel it is the right thing to do.

Muthuveloo and Che Rose (2005) assert that it is important to recognise an employee's work perceptions because they could be a direct motivation for the individual and would, in turn, lead to higher organisational commitment.

These perceptions should be positive in order to improve the motivation of that individual, which could also be an indicator of higher organisational commitment (Muthuveloo & Che Rose, 2005). Dick and Metcalfe (2001) maintain that there are two dimensions which could affect organisational commitment: individual dimensions and managerial dimensions. Individual dimensions, according to Dick and Metcalfe (2001), can include factors such as age, years in the organisation and internal status within the company. The second factor, managerial, can be described, according to Dick and Metcalfe (2001), as how the individual is treated within the company, which includes factors such as how the individual is supported and developed within the organisation.

Work Engagement

According to Schaufeli, Salanova, Conzalez-Roma and Bakker (2002), engagement can be defined 'as the positive, fulfilling, work-related state of mind that is characterised by vigour, dedication and absorption'. Engagement can also be seen as a temporary, definite state of mind, and is not focused on a specific object, event, individual or behaviour (Saks & Rothmann, 2006).

Some researchers would agree that work engagement not only assists in the decrease of perceived levels of occupational stress (Maslach & Leiter, 1997; Schaufeli & Bakker, 2004), but also brings about organisational and financial success through an increase in employee motivation and organisational commitment (Koyuncu, Burke & Fiksenbaum, 2006; Maslach & Leiter, 1997). Disengaged employees, however, tend to distance themselves from their work roles and to withdraw cognitively from the current work situation (Koyuncu et al., 2006). Work engagement is, therefore, an important factor within any organisation, but more specifically within social service occupations such as nursing (Meyers, 2007; Simpson, 2008), especially since these employees are interacting with various social systems within the organisation and show the lowest level of work engagement (Cooper & Burke, 2006).

Saks and Rothmann (2006) state that employees see engagement as a means of repayment toward the organisation. Leiter and Maslach (1998) also explain that engagement can be seen as a constructive indicator of commitment. Thus, nurses can choose on what level or to what degree they want to be engaged in their work, which, in turn, influences their loyalty and commitment to the organisation (Blizzard, 2002).

Blizzard (2002) declares that engaged employees are loyal and psychologically committed to the organisation, which is confirmed by Jordaan and Rothmann (2005). Therefore, a higher level of work engagement benefits the employer in that it has an impact on the competitive advantage of the organisation (Bakker, Schaufeli, Leiter & Taris, 2008).

According to the Towers Perrin Talent Report (2003), work engagement is seen as involving both emotional and rational factors relating to work and the overall work experience. The emotional factors are those leading to a sense of personal satisfaction, and the inspiration and affirmation received from the work and being part of the organisation. This could come from having a strong sense of personal accomplishment in the job they perform. It can therefore be concluded that engagement is related to meaningful work (Maslach & Leiter, 1997).

Meaning of work and biographical factors

In an integration of historical views on the meaning of work, Bellah, Madsen, Sullivan, Swidler and Tipton, (1985, p81) defined it as the ‘degree of general importance that the subjective experience of working has in the life of an individual, at any given time’. According to Bellah et al. (1985), these subjective experiences can be classified into three main categories, where the individual experiences work as a job, a career, or a calling.

According to Wrzesniewski et al. (1997), individuals who view their work as a job are engaged in their work only for the material benefits they receive from it. Therefore, these individuals perceive work to be nothing more than a means to a financial end (Parry, 2006; Bellah et al., 1985). In contrast, individuals who view their work as a career are concerned with the progression of continuous advancement within the organisation (Bellah et al., 1985; Parry, 2006; Wrzesniewski et al., 1997) through dedicating considerable amounts of time and energy to work-related activities for future gain (Wrzesniewski et al., 1997). Viewing work as a calling implies feeling that one was placed on earth to engage in these specific work-related tasks (Parry, 2006), and such people obtain a sense of fulfilment from those activities (Wrzesniewski et al., 1997).

Lok and Crawford (2001) have found that age also has a significant impact on the meaning employees derive from their work and the level of their commitment. The physical, cognitive, emotional and even social changes young, middle-aged and older workers undergo

affects the meaning they attach to their work (Smyer & Pitt-Catsouphes, 2007). It can be concluded that for employees, the meaning of work begins to develop in early career years and that they continue to reinvent those meanings across their life span, reflecting the aging process itself (Smyer & Pitt-Catsouphes, 2007).

Other biographical factors influence the constructs of organisational commitment, work engagement and meaning of work and the nursing profession itself. Previous research has found that gender is central to the study of nurses (Porter, 1992). The study found that 94,4 percent of nurses in Canada are women (Canadian Institute for Health Information, 2005). Historically, nursing has always been thought of as women's work. This is as a result of an assumption founded on a social-biological model, in which women are seen as more emotional and caring and men more rational and decisive. Men are four times more likely than women to be classified as professionals (Social Trends, 1997).

Another interesting factor is the increase in the numbers of nursing managers becoming separated from their nursing origins (Carpenter, 1977; Allen, 2000). This is due to the restructuring of the health care system, where nursing managers are moved further away from the clinical setting (Clifford, 1998; Rankin & Campbell, 2006). This is problematic as good nursing managers are able to ease the negative impacts of change on nurses within the hospital (Cummings, Hayduk & Estabrooks, 2005). The support provided by nurse managers is essential to a healthy and productive work environment (Kramer, Maquire, Brewer, Chmielewski, Kishner, Krugman, Meeks-Sjorstrom & Waldo, 2007). Nurses remain the largest group of professional employees in the health care system. For this reason, what nurses do, why they do what they do and how well they do it, is probably the biggest single factor that directly affects the quality of care the patient receives, and hospitals should constantly work towards sustaining such quality (HMSO, 1979). Therefore, aspects such as organisational commitment, work engagement, meaning of work and the influence of biographical factors on these aspects should be studied.

In the literature study, the constructs of organisational commitment, work engagement and meaning of work have been defined and the relationship between them described. Figure 1 proposes a conceptual model of the relationships between these constructs, which was used in this study.

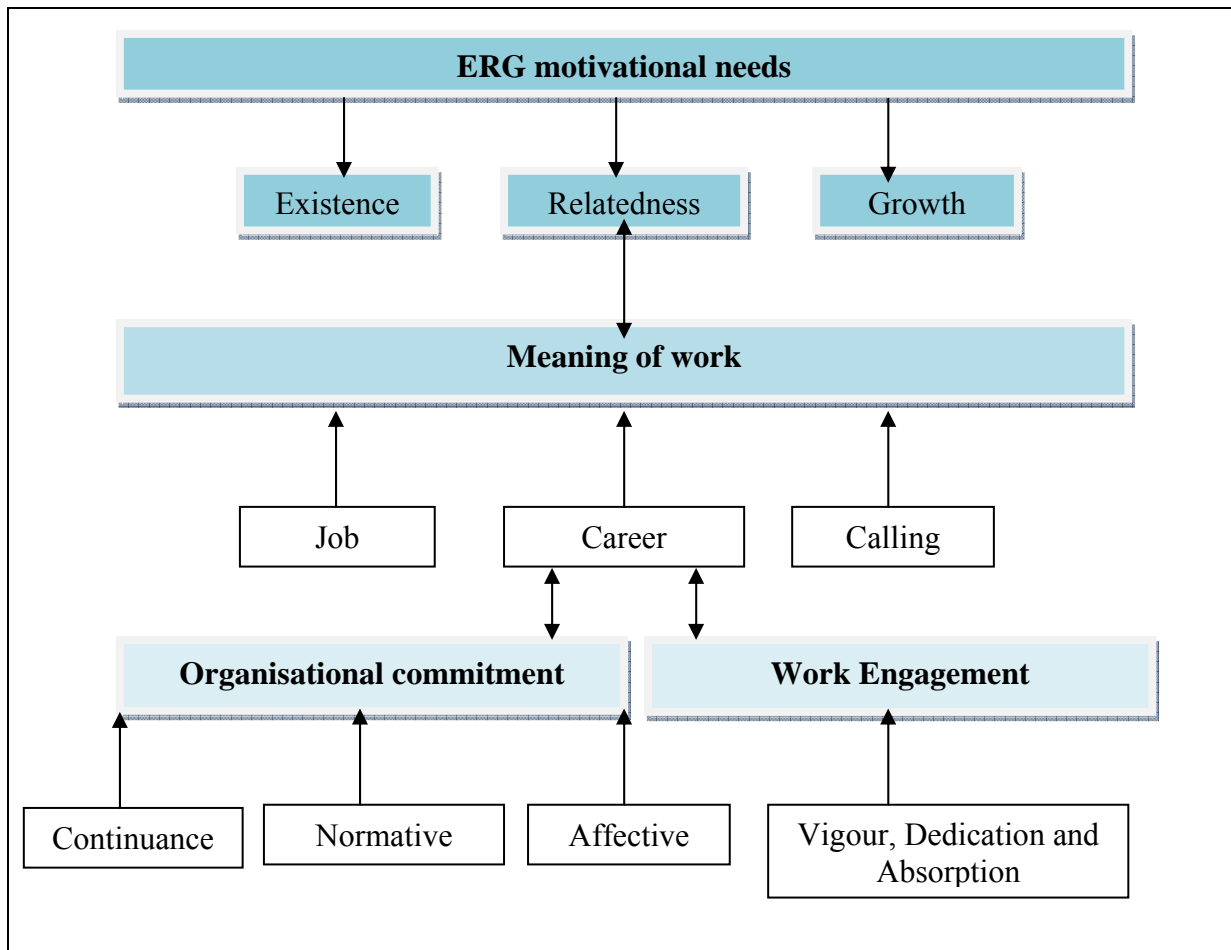


Figure 1. The motivation process based on Clayton Aldefer theory, (Robbins, Odendaal, & Roodt, 2003).

AIM OF THE STUDY

The aim of this study is to investigate the existence of relationships between organisational commitment, employee engagement and meaning of work.

HYPOTHESES

Based on the above problem statement and literature review, the following hypotheses are formulated:

H1: A practically significant relationship exists between meaning of work (job, career, and calling) and organisational commitment.

- H2: A practically significant relationship exists between meaning of work (job, career and calling) and work engagement.
- H3: Biographical factors predict meaning of work (job, career and calling).
- H4: Meaning of work as a calling predicts work engagement.
- H5: Meaning of work as a calling predicts commitment.

METHOD

Research Design

The researcher made use of a quantitative research design, which can be defined, according to de Vos, Strydom, Fouche and Delport (2003), as an investigation into a social or human problem, based on testing a theory composed of variables, measured with numbers and analysed with statistical procedures in order to establish whether the prognostic generalisations of the theory hold true. The research can be classified as descriptive and cross-sectional. Descriptive research presents a picture of the specific details of a situation, social setting or relationship and focuses on 'how' and 'why' questions (De Vos et al., 2005). Welman and Kruger (2001) describe a cross-sectional design as a research design where subjects are assessed at a single time in their lives. A cross-sectional study is fast and can study a large number of respondents with little cost or effort. De Vos et al. (2005) refer to this kind of design as a one-shot case study, where a group is studied only once.

Participants

A cluster sample ($N = 199$) of both permanent and non-permanent nurses at private hospitals was selected. In this sampling method the researcher divides the participants in the hospital into groups and then selects any of those numbers of groups at random. It is important to understand that the sample size should be large enough to generalise the findings to the larger population, and should provide a thorough understanding of the relationship between the selected variables (Shaughnessy, Zechmeister & Zechmeister, 2003). The table below indicates the characteristics of the population.

Table 1
Characteristics of the Participants (N = 199)

Item	Category	Frequency	Percentage
Gender	Male	5	2,5
	Female	194	96,5
	Missing Values	0	0
Race	African	68	34,2
	White	127	63,8
	Indian	4	2,0
	Coloured	0	0
	Other	0	0
	Missing Values	0	0
Citizenship	South African	194	98,5
	Other	3	1,5
	Missing Values	2	1,0
Age	35 years and younger	86	33,9
	36 - 45 years	52	30,4
	46 years and older	61	35,7
	Missing Values	0	0
Qualification	Up to grade 11	13	6,6
	Grade 12	68	34,7
	Diploma	84	42,9
	Degree	17	8,7
	Degree +	14	7,1
	Missing Values	3	1,5
Years of service	Less than 1 year	24	12,4
	2 -5 years	61	31,6
	6 -10 years	36	18,7
	11 – 20 years	46	23,8
	More than 20 years	26	13,5
	Missing Values	6	3,0
Job level	Manager	21	10,7
	Senior Sister	12	6,1
	Sister	66	33,5
	Staff Nurse	38	19,3
	Assistant Nurse	15	7,6
	Student Nurse	38	19,3

	Other	7	3,6
	Missing Values	2	1,0
Employment status	Permanent	142	72,4
	Non-Permanent	54	27,6
	Missing Values	3	1,5

The study population consisted of 96,5% female participants, while 2,5% were male. Furthermore, the sample comprised African (34,2%), White (63,8%), Indian (2,0%) and Coloured (0%) participants, of whom 10,7% were managers, 6,1% were senior sisters, 33,5% sisters, 19,3% staff nurses, 7,6% assistant nurses, 19,3% student nurses and 3,6% other types. The majority of the participants were registered nurses. The ages of the participants ranged from 35 years and younger (33,9%) and 36 to 45 years (30,4%), to 46 years and older (35,7%), with a majority of participants (35,7%) in the age group of 46 years and older. Most participants had from two to five years' experience (31,6%), and most indicated a diploma as their level of qualification (42,9%). The majority of nurses were permanently employed (72,4%) and 27,6% were employed on a contract basis.

Measuring Instruments

The following measuring instruments were used for the purpose of empirical study:

Organisational Commitment Questionnaire (OCQ), according to Meyer and Allen (1990), this measure views organisational commitment from three perspectives, namely affective, continuance and normative commitment. Affective commitment refers to employees' degree of emotional attachment to and identification with the organisation. The continuance component refers to the level of commitment that employees associate with the organisation based on the perceived costs of leaving the organisation. Thirdly, the normative component refers to the employee's feeling that he/she has a responsibility to remain within the organisation and not leave it for another one. The 18 items are measured on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) and includes items such as: 'I would be very happy to spend the rest of my career in this organisation', 'I do not feel any obligation to remain with my current employer' and 'Right now, staying with my organisation is a matter of necessity as much as desire'. High scores on the ACS (affective commitment scale), NCS (normative commitment scale) and CCS (continuance commitment

scale) are an indication of organisational commitment. Research conducted by Meyer and Allen (1990) indicates that the reliability figures for the three scales of commitment by means of coefficient alpha values are above the acceptable levels and are as follows: affective commitment scale (ACS), 0,87, continuance commitment scale (CCS), 0,75 and normative commitment scale (NCS), 0,79.

The *Utrecht Work Engagement Scale* (UWES) (Schaufeli et al., 2002) was utilised as a measure of work engagement among nurses at hospitals. This seventeen-item questionnaire is measured through a 7-point frequency scale, ranging from 0 (*never*) to 6 (*always*); the measure has three scales, namely vigour, dedication and absorption. Examples are, 'I feel strong and vigorous in my job', 'I always persevere at work, even when things do not go well', and 'In my job, I can continue working for very long periods at a time'. Regarding internal consistency, Cronbach's alpha coefficients have been determined at between 0,68 and 0,91 (Schaufeli et al., 2002). In a study among South African workers, Olivier and Rothmann (2007) obtained an alpha coefficient of 0,72, implying that the instrument is reliable in the South African context.

The *Work-Life Questionnaire* was developed by Wrzesniewski, McCauley, Rozin and Schwartz (1997). The questionnaire is aimed at measuring the individual's orientation to work (meaning of work). These orientations are classified into three main categories: firstly, work as a job, secondly, work as a career and lastly, work as a calling. The questionnaire is divided into two parts. The first part contains three paragraphs signifying the three work orientations and is a self-report measure. Participants have to read all three paragraphs and then rate their level of association with each paragraph on a scale ranging from 'very much me', 'somewhat', 'a little', to 'not at all like me'. The second part consists of 18 true/false items about specific aspects of relation to work that are relevant to the three work orientations in the first part of the questionnaire. A typical item is 'My primary reason for working is financial'.

In previous research, where nurses were included in the sample, Wrzesniewski et al. (1997), found the reliability of this instrument to be adequate. Smith, Kain, Yugo and Gillespie (in press) reported the internal consistency of the questionnaire to be represented by a Cronbach alpha coefficient which ranged from 0,47 to 0,77 on the various subscales. On the job subscale the alpha coefficient was 0,65, on the career subscale, 0,47 and on the calling

subscale, 0,77. Van Zyl (2010) reported a Cronbach alpha coefficient ranging between 0,87 and 0,80 for the Work-Life questionnaire. The results of this questionnaire provide an indication of where the respondent falls on the job-career-calling continuum.

Statistical analysis

The SPSS program was used to carry out the statistical analysis. Descriptive statistics (i.e. means, standard deviations, skewness and kurtosis) are used to analyse the data. Exploratory factor analyses, Cronbach's alpha (α) coefficients and inter-item correlation coefficients have been calculated and are used in order to determine the validity and reliability of the measuring instruments. Depending on the distribution of the data, either a Pearson product-momentum correlation or Spearman correlation coefficients will be used to specify the relationships between the variables. A p-value smaller than or equal to 0,01 will be used for statistical significance. A cut-off point of 0,30 (medium effect) will be set for the practical significance of correlation coefficients (Cohen, 1992).

Multiple regression analyses will be carried out to determine the percentage variance in the dependent variables that is predicted by the independent variables. Multivariate analysis of variance (MANOVA) will be used to determine the significance of differences between the meaning of work and biographical differences.

RESULTS

Factor analyses were carried out to investigate the underlying factor structure of the measuring instruments. Firstly, principal component analyses were used to assess the factorability of the items of the various scales, and to determine the number of factors in each scale; eigenvalues (> 1) and the scree plot were used to determine the number of factors in each scale. Secondly, a principal axis factor analysis with a direct oblimin rotation was used in cases where scales had more than two factors.

A principal component analysis was conducted on the 24 items of the OCQ. The Kaiser-Meyer-Olkin measure of sampling adequacy revealed a value of 0,79, which indicates that the items were factorable (Field, 2006). Bartlett's test of sphericity was shown to be highly significant at 276,00.

The scale produced communalities which were all higher than the suggested 0,30. A principal component analysis showed that eight factors could be extracted, which were all higher than 1. They represented 64,13% of the total variance explained. Further analyses were done by using the Total Commitment Scale.

A principal component analysis was conducted on the seventeen items of the UWES. The Kaiser-Meyer-Olkin measure of sampling adequacy showed a value of 0,92, which indicates that the items were well above the suggested 0,60 (Field, 2006). Bartlett's test of sphericity was found to be highly significant at 136,00. The scale produced communalities which were all higher than the suggested 0,30.

The principal component analysis showed that two factors (eigenvalue = 9,13 and 1,07) could be extracted which were larger than 1 and this was confirmed by the scree plot which also showed two factors. These components explain in total 60% of the variance of the instrument. A one-factor structure will be used in further analysis because the original three-factor structure was not found.

At first, a direct oblimin rotation was used. However, because the inter-item correlation did not show sufficient correlation, the varimax rotated factor analysis was used on the Work-Life Questionnaire (WLQ) and three factors were specified. All items loaded onto factor 1 (calling) factor 2 (career), and factor 3 (job). Two items did not load on any factors and were deleted. The Kaiser-Meyer-Olkin measure of sampling adequacy showed a value of 0,79, which indicates that the items were factorable. Bartlett's test of sphericity was shown to be highly significant ($\chi^2(210) = 885,05$; $p < 0,05$). Communalities for the scale were produced, all showing higher than the suggested 0,30. The principal axis factoring showed that three factors (with eigenvalues = 5,22, 2,30 and 1,66 respectively) could be extracted. They represented 63,75% of the total variance explained.

Descriptive statistics

The descriptive statistics (mean, standard deviations, and Cronbach alpha coefficients) of the measuring instruments are reported in Table 2.

Table 2

Descriptive Statistics and Cronbach Alpha Coefficients of the Measuring Instruments

Tests and subscales	Mean	SD	Skewness	Kurtosis	α
1. Commitment	76,92	12,72	-0,42	0,01	0,82
2. Engagement	72,25	19,71	-1,01	0,49	0,94
3. MOW – Job	18,81	4,30	-0,42	-0,17	0,62
4. MOW – Career	7,82	2,60	0,35	-0,77	0,63
5. MOW – Calling	18,30	5,74	0,19	-1,03	0,84

Inspection of Table 2 shows that acceptable Cronbach alpha coefficients were obtained for all the scales. All the alpha coefficients were higher than the guideline of $\alpha > 0,60$ (Nunnally, 1978). Furthermore, the scores on all scales were normally distributed, as indicated by their skewness and kurtosis. It therefore appears that the measuring instruments had acceptable levels of internal consistency, although engagement has a slight skewness of -1,01 and the work-life calling construct a kurtosis of -1,03. The mean scores of the meaning of work orientations, calling and job, varied by only 0,51, indicating, therefore, that the majority of nurses view their work as either a job (18,81) or a calling (18,30).

Next, Pearson Product-Moment Correlations were done as reported in Table 3.

Table 3

Comparison of Correlation Coefficients between Organisational Commitment, Work Engagement and Meaning of Work among Nurses N=199

	1	2	3	4
1. MOW-Job	1,00	-	-	-
2. MOW-Career	-0,11	1,00	-	-
3. MOW-Calling	-0,50*++	0,18*	1,00	-
4. Commitment	0,38*+	-0,11	-0,47*+	1,00
5. Engagement	0,54*++	-0,10	-0,57*++	0,42*+

* Statistically significant at $p \leq 0.01$

+Correlations are practically significant $r \geq 0.30$ (medium effect)

++Correlations are practically significant $r \geq 0.50$ (large effect)

Table 3 shows the following statistically and practically significant correlations: MOW-Calling and MOW-Job correlated negatively statistically and practically significantly ($r = 0,50$; $p < 0,01$; large effect). This indicates that people experience meaning of work as either a job or a calling on a continuous scale, which was confirmed in previous research by Wrzesniewski et al. (1997). Furthermore, Organisational Commitment and MOW-Job had a positive statistically and practically significant correlation ($r = 0,38$; $p < 0,01$; medium effect). It should be noted that the fact that the scale on the work-life questionnaire was reversed means that people viewing their work as a job are less committed or that people less committed tend to view their work as a job. MOW-Calling and Organisational Commitment had a statistically negative correlation, with a practically significant negative correlation with a medium effect ($r = -0,47$; $p < 0,01$); again, it should be remembered that the work-life questionnaire items were reversed. Therefore, the stronger their view of their work as a calling the more committed they will be to the organisation. Based on the above analysis, hypothesis 1: 'A practically significant relationship exists between meaning of work (job, career, and calling) and organisational commitment' can be accepted.

Work engagement and MOW-Job had a statistically and practically significant positive correlation ($r = 0,54$; $p < 0,01$; large effect). The more people view their work as a job the less engaged they will be, because the scale on the work-life questionnaire was reversed. MOW-Calling and Work Engagement had a statistically and practically significant negative correlation ($r = -0,57$; $p < 0,01$; large effect); therefore, the stronger people's view of their

work as a calling, the more engaged they will be in their work. Based on the above analysis, hypothesis 2: ‘A practically significant relationship exists between meaning of work (job, career, and calling) and work engagement’ can be accepted.

Lastly, work engagement and organisational commitment had a statistically and practically significant positive correlation ($r = 0,42$; $p < 0,01$; medium effect). Those who are engaged in their work will be more committed to the organisation, or if they are more committed they will be more engaged.

Next MANOVA (multivariate analysis of variance) was used. Demographic groups included were gender, race, citizenship, age, qualification, years of experience, job level and employment status. Wilks’ Lambda statistics were first used to determine statistical significance by taking the Bonferroni adjusted level $0,05/3$ (components: job, calling and career) = $0,016$.

Table 4

MANOVAS – Differences in meaning of work of demographic groups

Variable	Value	F	Df	P	Partial Eta Squared
Age	0,84	4,16	6	0,00*	0,09
Qualifications	0,76	3,63	12	0,00*	0,09
Gender	0,94	3,35	3	0,02	0,06
Race	0,80	6,00	6	0,00*	0,11
Citizenship	0,96	2,62	3	0,05	0,05
Years of service	0,74	3,80	12	0,00*	0,09
Job level	0,76	2,40	18	0,00*	0,10
Employment Status	0,88	6,92	3	0,00*	0,12

* Statistically significant difference: $p < 0,01$

Table 4 shows that there was a significant effect of age on the dependent variable, Meaning of Work ($F=4,16$, $p < 0,01$; Wilks’ Lambda = $0,84$; partial eta squared = $0,09$). This explains 9% of the variance. Analysis of each individual dependent variable, using a Bonferroni adjusted alpha level of $0,016$, showed that there were significant differences between the way in which younger nurses and older nurses view their work. Younger nurses tend more often than older workers to view their work as a career.

Furthermore, there was also a significant effect of qualification on meaning of work ($F=3,63$, $p<0,01$; Wilks' Lambda = 0,76; partial eta squared = 0,09). A 9% variance is explained. Analysis of each individual dependent variable, using a Bonferroni adjusted alpha level of 0,016, showed that there were significant differences between the ways in which nurses with a Grade 12 and those with a diploma viewed their work. Those with a Grade 12 qualification were more likely than nurses with a diploma to view their work as a career.

A significant effect of race on meaning of work was found ($F=6,00$, $p<0,01$; Wilks' Lambda = 0,80; partial eta squared = 0,11); therefore, 11% of the variance is explained. Because of the unequal distribution of groups, the post-hoc test used Games-Howell. This showed that there is a significant difference between the ways in which different race groups viewed their work. African nurses showed higher levels of viewing their work as a calling and career than any other race group. White nurses were more likely than Indian or African nurses to view their work as a job. This could be due to affirmative action which gives African nurses the opportunity for self-development within their careers. On the other hand, white nurses have to take whatever job is available to them, owing to limited employment opportunities.

Years of service had a significant effect on meaning of work ($F=3,80$, $p<0,01$; Wilks' Lambda = 0,74; partial eta squared = 0,09). A 9% variance is explained. Analysis of each individual dependent variable, using a Bonferroni adjusted alpha level of 0,016, showed that people who have been working for the hospital for between 11 and 20 years are more likely than other nurses to regard their work as a career or a calling.

There was also a significant effect of job level on meaning of work ($F=2,40$, $p<0,01$; Wilks' Lambda = 0,76; partial eta squared = 0,10). This was a large effect, where 10% variance is explained. Analysis of each individual dependent variable, using a Bonferroni adjusted alpha level of 0,016, showed that more managers than workers on other levels tend to view their work as a career. Job level was also shown to have a significant effect on calling; however, between-group post-hoc tests showed no significance.

Employment status had a significant effect on meaning of work ($F=6,92$, $p<0,01$; Wilks' Lambda = 0,88; partial eta squared = 0,12). A 12% variance is explained. Results showed that permanently employed nurses are more likely than non-permanent employees to view

their work as a calling. Based on the above analysis, hypothesis 3: '*Biographical factors predict meaning of work (job, career and calling)*' can be accepted.

Next, a multiple regression analysis was conducted to test whether meaning of work predicts organisational commitment and work engagement. Step 1 was used to control for the influence that meaning of work (calling) has on the dependent variable work engagement and step 2, career was included to control for the influence on work engagement as the dependent variable. Step 3, job, was included as independent variable.

Table 5

Regression Analyses with Meaning of Work (job, career, calling) as Independent Variable and Work Engagement as Dependent Variable

Model	Unstandardised Coefficients		Standardised Coefficients	t	p	F	R	R ²	Δ R ²
	B	SE	Beta						
1(Constant)	106,15	4,67		22,73	0,00*	58,81	0,55	0,30	0,30
Total Calling	-1,86	0,24	-0,55	-7,67	0,00*				
2(Constant)	108,35	6,03		17,97	0,00*	29,43	0,55	0,30	0,00
Total Calling	-1,84	0,25	-0,54	-7,47	0,00*				
Total Career	-0,32	0,56	-0,04	-0,58	0,56				
3(Constant)	69,25	10,60		6,53	0,00*	28,53	0,62	0,39	0,10
Total Calling	-1,21	0,27	-0,36	-4,47	0,00*				
Total Career	-0,19	0,52	-0,02	-0,36	0,72				
Total Job	1,91	0,44	0,35	4,36	0,00*				

* Statistically significant difference: $p < 0,01$

Table 5 indicates that 30% of the variance in work engagement is predicted by the meaning of work variable calling ($F = 58.81$, $p < 0,00$). When career was added it made no significant contribution to the variance explained. Adding job ($F = 28.53$, $p < 0,00$) in step 3 increased the R^2 , explaining 39% of the variance in work engagement. The meaning of work variable job, therefore, predicted 9% of the variance in work engagement and calling predicted 30%. Based on the above analysis, hypothesis 4: '*Meaning of work as a calling predicts work engagement*' can be accepted.

Next, a series of multiple regression analyses were performed to test whether meaning of work (calling, career and job) predicts organisational commitment. Firstly, the previous results have already shown that being engaged in one's work is predicted by whether one views one's work as a calling or a job. Secondly, to test whether organisational commitment is predicted by meaning of work, a multiple regression analysis was carried out with organisational commitment as dependent variable and meaning of work (calling, career and job) as independent variable. Step 1 was used to control for the influence that meaning of work (calling) has on the dependent variable organisational commitment and step 2, to use meaning of work (career) on organisational commitment as the dependent variable. Step 3 included meaning of work (job) to control for the influence on organisational commitment.

Table 6

Regression Analyses with Meaning of Work (job, career, and calling) as Independent Variable and Organisational Commitment as Dependent Variable

Model	Unstandardised Coefficients		Standardised Coefficients	t	p	F	R	R ²	Δ R ²
	B	SE	Beta						
1(Constant)	74,25	2,71		27,43	0,00*	32,50	0,44	0,19	0,19
Total Calling	-0,81	0,14	-0,44	-5,70	0,00*				
2(Constant)	76,26	3,38		22,58	0,00*	16,75	0,44	0,20	0,01
Total Calling	-0,79	0,14	-0,42	-5,44	0,00*				
Total Career	-0,31	0,31	-0,08	-1,00	0,32				
3(Constant)	63,63	6,06		10,51	0,00*	13,66	0,48	0,23	0,04
Total Calling	-0,59	0,16	-0,32	-3,63	0,00*				
Total Career	-0,31	0,31	-0,08	-1,00	0,32				
Total Job	0,65	0,26	0,22	2,49	0,01*				

* Statistically significant difference: $p < 0,01$

Table 6 shows that meaning of work (calling) predicts 19% of the variance in organisational commitment ($F = 32.50$, $p < 0,00$). When career was added it also made no significant contribution to the variance explained. It also showed that when job was added in step 3 it increased the R^2 , explaining 23% of the variance in organisational commitment ($F = 13.66$, p

< 0,00). The meaning of work variable, job, therefore predicted 3% of the variance in organisational commitment and calling predicted 19%. It can be concluded that calling predicts organisational commitment. Therefore, based on the above analysis, hypothesis 3: *‘Meaning of work as a calling predicts commitment’* can be accepted.

DISCUSSION

The aim of this study was to establish the relationship between organisational commitment, work engagement and meaning of work among nurses in hospitals. In addition, the influence of biographical variables on meaning of work was investigated. The factor analyses and Cronbach’s alpha coefficients were conducted by means of statistical calculations. Exploratory factor analyses showed an eight-factor model for organisational commitment, which is not in line with the literature. Furthermore, a three-factor model was extracted for meaning of work and a two-factor model for work engagement. The descriptive statistics indicated that the scales of the OCQ, UWES and WLQ were sufficiently internally consistent with accepted alpha values. This implies that the survey used was reliable in the sample of nurses. The results showed that the sample was made up mainly of registered female nurses and that the majority viewed their work as either a job or a calling.

When examining the biographical factors, it is clear that younger workers, especially students with a Grade 12 qualification, view their work as a career. African nurses were shown more than those of any other race to view their work as a calling, and the more experienced nurses and those on management level viewed their work as a career and a calling. The results showed that the majority of nurses feel that nursing is what they were meant to do. This might be due to the fact that nurses spend most of their time nursing patients back to health and know that they have an impact on the lives of others. This is in line with the finding of Bellah et al. (1985) that people working in professions in which they are helping others, view their work as a calling. Furthermore, nurses viewing their work as a job experienced higher levels of organisational commitment and engagement.

The Pearson correlations in this study showed that the calling orientation towards work correlated negatively with the job orientation. Therefore, nurses who view their work as a calling are not influenced much by financial gain; they are in the profession as they feel that they were born to do it.

Calling also correlated positively with work engagement and organisational commitment, demonstrating that the more that nurses view their work to be a calling, the more engaged they are in their work and the more committed they are to the organisation.

Lastly, organisational commitment and work engagement had a positive correlation (as the one increases, so will the other) indicating that the more committed nurses are to the organisation, the more engaged they will be in their work. Career and calling orientations had a slightly positive correlation with each other, indicating that nurses who view their work as a calling might want to achieve a higher level of employment within the organisation.

The study confirmed the statement by Dick and Metcalfe (2001) that individual dimensions such as age, years in the organisation and status could affect commitment. Multivariate analyses of variance show that there is a definite difference in the ways in which nurses in different age groups view their work. The younger nurses are more likely than their older counterparts to view their work as a career. Nurses with a Grade 12 qualification tended to view their work more as a career than nurses with a diploma; this might be due to the fact that nurses with a Grade 12 qualification still have something to work towards and to achieve if they are studying. Race also had an influence on the way nurses viewed their work. White nurses had more of a job-orientated view than any other race and African nurses tended more towards the view of a career or calling. Nurses with between 11 and 20 years of work experience in this field viewed their work either as a calling or a career. Nurses who occupy a managerial position also tended to experience their work as a career.

The second set of regression analyses indicated that the meaning of work variable, calling, predicts both work engagement and organisational commitment; this is a positive relationship. Therefore, nurses viewing their work as a calling will be more engaged in their work and more committed to the organisation than nurses viewing their work as a job.

In conclusion, based on the results of this study, it is evident that many nurses view their work as a calling, while some view their work as a job. Nurses who view their work as a calling are more committed to the organisation and more engaged in their work.

REFERENCE LIST

- Allen, D. (2000). "Doing occupational demarcation: The 'boundary work' of nurse managers in a district general hospital". *Journal of Contemporary Ethnography*, 29(3), 326-56.
- Bakker, A., Schaufeli, W.B., Leiter, M.P., & Taris, T.W. (2008). Work engagement: An emerging concept in occupational health psychology. *Work & Stress*, 22, 187-200.
- Baskin, B. (2007, November 25-29). *Vigor, dedication, and absorption: work engagement among secondary English teachers in Indonesia*. Paper presented at the annual AARE Conference, Fremantle, Perth.
- Bellah, R., Madsen, R., Sullivan, W., Swidler, A., & Tipton, S. (1985). *Habits of the Heart: Individualism and commitment in American life*. California: University of California Press.
- Blizzard, D. B. A. (2002). *Nurses may be satisfied, but are they engaged?* Retrieved October 10, 2009 from <http://www.gallup.com/poll/tb/healthcare/20020514.95p?Version=pp>
- Canadian Institute for Health Information (2005). *Workforce trends of regulated nurses in Canada*. Available from: http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page¼statistics_results_topic_nurses_e&cw_topic¼Health%20Human%20Resources&cw_subtopic¼Nurses (Accessed 11 December 2009).
- Carpenter, M. (1977). *The new managerialism and professionalism in nursing*. In Stacey, M., Reid, M., Heath, C., & Dingwall, R. (Eds). *Health and the Division of Labour*, Croom Helm, London, 165-93.
- Chambliss, D.F. (1996). *Beyond Caring: Hospitals, Nurses, and the Social Organization of Ethics*. Univeristy of Chicago Press. Chicago, IL.
- Clifford, J.C. (1998). *Restructuring: The Impact of Hospital Organization on Nursing Leadership*. American Hospital Publishing, Chicago, IL.
- Cohen, A. (1992). Antecedents of organizational commitment across occupational groups: A meta-analysis. *Journal of Organizational Behavior*, 13, 539–558.
- Cooper, C., & Burke, R. (2008). *The Peak Performing Organization*. London: Routledge.
- Cummings, G., Hayduk, L., & Estabrooks, C. (2005). Mitigating the impact of hospital restructuring on nurses: the responsibility of emotionally intelligent leadership. *Nursing Research*, 54(1), 2-12.
- De Vos, A.S., Strydom, H., Fouche, C.B., & Delpont, C.S.L. (2005). *Research at grass roots for the social sciences and human service professions* (3rd ed.). Pretoria: Van Schaik Publishers.

- Devi, V. R. (2009). Employee engagement is a two way street. *Human Resource Management International Digest*, 17, 3-4.
- Dick, G., & Metcalfe, B. (2001). Managerial factors and organisational commitment. *The International Journal of Public Sector Management*, 14, 111-128.
- Elizur, D., Kantor, J., Yaniv, E., & Sagie, A. (1996). Importance of life domains in different cultural groups. *American Journal of Psychology*, 121(1).
- Field, A. (2006). *Discovering Statistics Using SPSS* (2nd ed.). London: Sage Publications Ltd.
- Hemsley-Brown, J. (1997). Counting nurses: Interpreting nursing workforce statistics. *Health Manpower Management*, 23(5), 159-166.
- HMSO (1979). *Royal Commission on the National Health Service*, HMSO, London.
- Jacobs, E., Roodt, G. (2007). The development of a knowledge sharing construct to predict turnover intentions. *Research paper*, 59(3).
- Jacobsen, D.I. (2000). Managing increased part-time: does part-time work imply part-time commitment? *Managing Service Quality*, 10(3), 187-201.
- Jernigan, I. E., Joyce, M. B. & Kohut, G. F. (2002). Dimensions of work satisfaction as predictors of commitment type. *Journal of Managerial Psychology* 17(7), 564-579.
- Jordaan, G. M. E., & Rothmann, S. (2005). Work engagement of academic staff in South African higher institutions. *WorkWell: Research Unit for People, Policy and Performance*, North-West University.
- Koyuncu, M., Burke, R. J., & Fiksenbaum, L. (2006). Work engagement among women managers and professionals in a Turkish bank: potential antecedents and consequences. *Equal Opportunities International*, 25, 299–310.
- Kramer, M., Maquire, P., Brewer, B., Chmielewski, L., Kishner, J., Krugman, M., Meeks-Sjorstrom, D. & Waldo, M. (2007). Nurse manager support: what is it? Structures and practices that promote it. *Nursing Administration Quarterly*, 31(4), 325-40.
- Leiter, M.P., & Maslach, C. (1998). The impact of interpersonal environment on burnout and commitment. *Journal of Organisational Behavior*, 9, 297-308.
- Lok, P., & Crawford, J. (2001). Antecedents of organisational commitment and the mediating role of job satisfaction. *Journal of Managerial Psychology*, 16(8), 594-613.
- Maslach, C., & Leiter, M. P. (1997). *The truth about burnout*. San Francisco: Jossey-Bass.
- May, D., Gilson, R., & Harter, L. (2004). The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work. *Journal of Occupational and Organizational Psychology*, 77, 11-37.

- Meyer, J.P., & Allen, N.J. (1991). A three-component conceptualization of organisational commitment. *Human Resource Management Review*, 1, 61-98.
- Meyers, C. (2007). *Industrial Psychology*. New York: Garnsey press.
- Muthuveloo, R., & Che Rose, R. (2005). Typology of Organisational Commitment. *American Journal of Applied Science*, 2(6), 1078-1081.
- Nunnally, C. (1978). *Psychometric theory* (2nd ed). New York: McGraw-Hill.
- Olivier, A.L., & Rothmann, S. (2007). Antecedents of work engagement in a multinational oil company. *SA Journal of Industrial Psychology*, 33(3), 49-56.
- Parry, G. (2006). *Recrafting Work: A Model for Workplace Engagement and Meaning*. University of Pennsylvania, 1-31.
- Pillay, R. (2009). Retention strategies for professional nurses in South Africa. *Leadership in Health Services*, 22(1), 39-57.
- Porter, S. (1992). "Women in a women's job: the gendered experience of nurses", *Sociology of Health & Illness*, 14(4), pp. 510-27.
- Porter, L.W., Steers, R.M., Mowday, R.T., & Boulian, P.V. (1974). Organisational commitment, job satisfaction and turnover among psychiatric technicians. *Journal of Applied Psychology*, 59, 603-9.
- Rankin, J.M. & Campbell, M.L. (2006). *Managing to Nurse: Inside Canada's Health Care Reform*. University of Toronto Press, Toronto.
- Robbins, S.P., Odendaal, A., & Roodt, G. (2003). *Organisational behaviour*. South Africa: Pearson education.
- Saks, A.M., & Rothmann, J.L. (2006). Antecedents and consequences of employee engagement. *Journal of Managerial Psychology*, 21(7), 600-619.
- Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources and their relationship with burnout and engagement- A multi-sample study. *Journal of Organizational Behavior*, 25, 293-315.
- Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V., & Bakker, A.B. (2002). The measurement of engagement and burnout: a two sample confirmatory factor analytic approach. *Journal of Happiness Studies*, 3, 71-92.
- Shaughnessy, J. J., Zechmeister, E. B., & Zechmeister, J. S. (2003). *Research methods in psychology* (6th ed.). New Delhi: McGraw-Hill.
- Simpson, M. R. (2008). Engagement at work: A review of the literature. *International Journal of Nursing Studies*, 1, 1-13.

- Singh, P., Jain, A.K., & Bhandarker, A. (2006). Meaning of work in corporate India – Preliminary findings. *Journal of Clinical Nursing*, 14(8), 90- 97.
- Smith, E., Kain, J., Yugo, J., & Gillespie, J. (In Press). Investigating the relationship between work orientation and goal orientation. *Journal of Industrial Psychology*, 1-21.
- Smyer, M.A., & Pitt-Catsouphes, M. (2007). Meaning of work for older workers. *Aging Workforce*, 23-30.
- Steers, R.M (1977). Antecedents and outcomes of organisational commitment. *Administrative Science Quarterly*, 22, 46-56.
- Social Trends 27 (1997). *Published by the Government Statistical Service*, HMSO, London.
- Towers Perrin Talent Report (2003). Working Today: Understanding what drives Employee Engagement.
- Townsend. P., & Gebhardt. J. (2008). Employee engagement completely. *Human Resource Management International Digest*, 16, 22-24.
- Van den Heuvel, M., Demerouti E., Schreurs, B.H.J., Bakker, A.B., & Schaufeli, W.B., (2006). Does meaning-making help during organisational change? *Career Development International*, 14(6), 508-533.
- Van Zyl, L.E., (2010). *Work-Role fit, meaningfulness and engagement of industrial/organisational psychologists in South Africa*. Unpublished master's dissertation, North West University, Vanderbijlpark.
- Welman, J. C., & Kruger, S. J. (1999). *Research methodology for the business and administrative sciences*. Johannesburg, South Africa: International Thompson.
- Wrzesniewski, A., McCauley, C., Rozin, P., & Schwartz, B. (1997). Jobs, careers, and callings: People's relations to their work. *Journal of research in personality*, 31, 21-33.

CHAPTER 3

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

The purpose of this chapter is to provide conclusions for the study according to the general and specific objectives that were set. The limitations of this study will also be discussed, followed by recommendations for the organisation and for future research.

3.1. CONCLUSIONS

The general objective of this study was to determine the relationship between organisational commitment, work engagement and meaning of work (job, career and calling). Based on the results found in chapter two, the following conclusions can be drawn:

The first objective was to conceptualise organisational commitment, work engagement and meaning of work from the literature.

Organisational Commitment, according to Robbins, Odendaal and Roodt (2003), refers to a state in which an employee identifies with a specific organisation and its goals, and whether the employee wishes to remain within the organisation as a member (Robbins et al., 2003). Based on this definition, Allen and Meyer (1991) developed a commitment model consisting of three distinct themes: commitment as an affective (emotional) attachment to the organisation, continuance commitment, as a perceived cost associated with leaving the organisation and normative commitment, as an obligation to remain in the organisation. According to Porter, Steers, Mowday and Boulian (1974), these themes are a strong belief in and acceptance of an organisation's values and goals; it is the extent to which an employee exerts effort on behalf of the organisation and desires to maintain membership in that organisation (Porter et al., 1974).

Work Engagement is defined as a positive, fulfilling, work-related state of mind, which is characterised by vigour, dedication and absorption (Schaufeli, Salanova, González-Romá & Bakker, 2002). It is a persistent state, not focused on a particular object, event, individual or behaviour (Van den Broeck, Vansteenkiste, De Witte & Lens, 2008; Rothmann & Joubert, 2007; Schaufeli & Bakker, 2004).

Vigour is characterised by high energy levels and mental resilience while working. It is the employee's willingness to invest effort into the work, and determination in spite of difficulties. Dedication is characterised by a sense of significance, enthusiasm, pride, and challenge. Absorption is characterised by fully concentrating on and being engrossed in work and finding it difficult to detach oneself from one's work (Schaufeli et al., 2002). Work engagement, according to Saks and Rothmann (2006), differs from commitment in the sense that commitment emphasises a person's connection with, and attitude or attachment towards, his/her organisation. On the other hand, engagement is not seen as an attitude, but rather the degree to which a person is absorbed in his work. In order for employees to be engaged in their work, May, Gilson and Harter (2004) state that employees need to be emotionally and behaviourally connected to their organisation.

Meaning of work refers to the importance one attributes to one's work, one's representation of work, and the significance it has in one's life. According to Bellah, Madsen, Sullivan, Swidler and Tipton (1985), these personal experiences are classified into three main categories, where the individuals experience their work either as a job (interested in work activities for financial benefits to obtain resources to enjoy their time away from the job); a career (concerned with advancement within the organisation by dedicating considerable amounts of time and energy to work activities, which often brings higher social status and power within the occupation); or a calling (individuals engage in work activities for the self-fulfilment derived from work engagement that the work brings to the individual). Wrzesniewski, McCauley, Rozin and Schwartz (1997) state that the presence of a calling promotes the experience of meaningful work.

The second objective was to determine whether a practically significant relationship exists between meaning of work (job, career, and calling) and organisational commitment.

The statistical analyses encompassed correlations which found statistically significant relationships between two of the three categories of meaning of work, job and calling. Organisational commitment correlated with meaning of work, job, while no statistically significant relationship existed between organisational commitment and meaning of work, career. It should be noted that because the scale on the work-life questionnaire was reversed, this means that nurses viewing their work as a job are less committed.

Meaning of work, calling, correlated with organisational commitment. Therefore, nurses who view their work as a calling will be more committed to the hospital. The second objective has therefore been reached since there are definite relationships between the variables. In a longitudinal study conducted by Secrest, Iorio and Martz (2005), information was obtained from nurses during interviews which showed the degree of care, empathy, wisdom and intuition they possessed in order to perform their jobs. Several nurses mentioned that their work was a calling and that it was a shame to have to be paid. When nurses experience good situations in their work, such as when a patient survives a traumatic ordeal, and they gain a sense of accomplishment, this positively influences their commitment to the organisation.

The third objective was to determine whether a practically significant relationship exists between meaning of work (job, career and calling) and work engagement.

The statistical analyses encompassed correlations which found statistically significant relationships between the variables. Practically significant relationships with a large effect were found. Work engagement correlated strongly with the meaning of work variable, job; this relationship is, however, a negative one. Therefore, nurses viewing their work as a job will be less engaged in their work than their counterparts. Calling correlated strongly with work engagement, which shows that the more nurses view their work as a calling the more engaged they will be in their work. Career showed no significant correlation with work engagement or with organisational commitment. Hospitals looking at recruiting more committed and engaged employees should select candidates who view their work as a calling. The second objective has therefore been reached, since there are definite relationships between the variables.

The fourth objective was to determine whether biographical factors predict meaning of work (job, career and calling).

The results of the multivariate analysis of variance showed that most of the biographical factors predicted meaning of work (job, career and calling). They are as follows:

Age: There is a significant difference between the way in which younger nurses and older nurses view their work. Younger nurses have a greater tendency than the older nurses to view their work as a career. It was also found that most of the nurses in the study were aged

46 and older, which is confirmed by Pillay (2009), who also found the majority of nurses in South Africa to be over the age of 40.

Level of Qualification: Nurses with a Grade 12 qualification tended to be more likely than nurses with a diploma to view their work as a career. A contributing factor might be that those nurses are still in the process of becoming registered and therefore they have something to work towards and achieve.

Race: The results showed that there is a significant difference in the way different race groups view their work. More African nurses than those of any other race group tend to view their work as a calling and a career while their White counterparts, on the other hand, are more likely to view their work as a job. Therefore, one could build upon the current staff turnover strategies to include various motivational approaches that suit different individuals. For example, knowing what meaning your staff receives from their work will inform you of methods to keep them motivated, committed and engaged. According to this study, White nurses view their work more as a job; therefore, the participating hospitals could look at salary increases or bonuses as this is the only motivation those nurses have to stay.

Years of service: Results showed that nurses who have been working for the hospital for between 11 and 20 years are more likely than any of the other nurses to view their work as a career or a calling. Therefore, those nurses might feel that they have the necessary experience to advance to the next level within the organisation and that they receive a great deal of fulfilment from doing their work. Nurses with less experience could feel that financial benefits are the only current incentive they receive while obtaining the necessary experience to advance to the next level.

Job level: Results indicated a significant difference to a large effect between different job levels, where 10% variance is explained. Therefore, managers are more prone than employees at other job levels to view their work as a career. This could hold implications for management as it has a different view of what motivates workers and might motivate them according to what management wants and needs and not necessarily what those employees are looking for. Management might promote a nurse as a sign of good faith because of good performance, but that employee might not perform as she used to because of her perception that she no longer contributes to society as she used to, because the meaning she received

from her work was the fulfilment she obtained and now she does not get that sense of fulfilment.

Employment status: Results showed that permanently employed nurses were more likely than non-permanent nurses to view their work as a calling. Therefore, non-permanent employees will be less committed to the hospital. This is an expected reaction as they will leave their temporary employment if permanent employment should be offered elsewhere.

The fifth objective was to determine whether meaning of work as a calling predicts work engagement.

The results of the multiple regression analysis showed that Organisational Commitment was predicted by the meaning of work relations job and calling. However, job predicted 4% of the variance whereas calling predicted 19%. Work engagement, according to the multiple regression analysis, was predicted by the same meaning of work relations job and calling. The multiple regression analysis also showed that work engagement predicts organisational commitment. It can then be concluded that the third objective was reached.

The sixth objective was to determine if meaning of work as a calling predicts organisational commitment.

Meaning of work categories job and calling predict organisational commitment. More, specifically, calling was able to predict work engagement (explaining 30% of the variance) and therefore it can be said that nurses who view their work as a calling would be more engaged in their work. The sixth objective has been reached.

3.2. LIMITATIONS

The following limitations have been noted with regard to the study:

- A cross-sectional research design was used as the respondents were assessed only once, which limits the determination of cause-and-effect relationships. Participants were also assessed only at a single time in their lives.

- A cluster sample was used as sampling method of permanent and non-permanent nurses in hospitals. However, only 199 questionnaires were returned. Although a larger sample would have been more beneficial, the sample size of 199 is reasonable, and large enough to generalise findings to the larger population.
- The measures that were administered were in English, which could be a limitation in that this might have presented a language barrier for participants whose first language was not English. Translation into other languages could have resulted in better feedback.
- The use of self-report measures could be a limitation as they test the participant's perceptions about the constructs and might not measure the constructs themselves.
- The test battery itself was lengthy and this may have caused participants to give a convenient answer instead of applying the consideration needed.

3.3. RECOMMENDATIONS

In spite of the limitations, various recommendations can be made for the organisation and future research.

3.3.1 Recommendations for the hospital

Hospitals which want to be market leaders need to recognise the importance of focusing on nurses' organisational commitment and work engagement for the benefit of both the organisation and its employees. As Leiter and Maslach (1998) explain, engagement can be seen as a constructive indicator of commitment. Thus, nurses can choose on what level or to what degree they want to be engaged in their work, which, in turn, influences their loyalty and commitment to the organisation (Blizzard, 2002). This was confirmed in this study as the results showed that organisational commitment and work engagement had a positive relationship, meaning the more engaged a nurse is in her work the more committed she will be to the hospital. However, one should bear in mind that the meaning a nurse attaches to her work also influences the degree to which she will be committed and engaged in her work.

Therefore, the following are recommended to the hospitals:

- The knowledge gained through the results of this study and the theoretical knowledge gained from the literature could be incorporated into the effective nursing criteria in the screening and selection of appropriate participants for the future. Psychometric assessments may be used to measure the candidates' preferences as to how they view their work, and candidates who demonstrated viewing their work as a calling could be allocated extra points in the selection process. Muthuveloo and Che Rose (2005) state that it is important to recognise an employee's work perceptions, which could be a direct motivation for the individual, and would, in turn, lead to higher organisational commitment.
- Hospitals could implement regular staff feedback sessions or monthly focus groups, where nurses have the opportunity to share their insights with regard to how processes may be improved, and to share inspiring stories about patients they may have encountered and treated. By doing so, the hospital establishes a sense of organisational support and enhances nurses' sense of self-fulfilment in the hearing and sharing of such stories.
- The information obtained in this study should be shared with the various divisions that participated in this study. Presentations must be made and open discussions on the issues identified encouraged. Specific training and development objectives should be compiled for management, in accordance with the information obtained.
- Community projects could be implemented, where nurses willingly provide their services *pro bono* once a year in order to help out patients who do not have the financial capacity to afford such services. In doing so, nurses give something back to the community and, in turn, realize the difference they make in people's lives; this will also enhance the meaning they find in their work.
- Most of the nurses in the hospitals are aged 46 and older. The hospital should realise the risks and opportunities of an aging workforce and implement recruitment strategies accordingly. It is of importance that older workers be retained to optimise

transfer of learning to younger inexperienced workers. However, understanding the meaning of work that employees attach to their work across their lifespan may help in crafting recruitment and retention efforts specifically for older and younger workers.

- Considering the nurse shortage in South Africa, an important employer strategy will be the crafting of job options that are consistent with the preferences of employees of different age groups. Ensuring a smooth flow of talent management to allow vacancies to be filled quickly will prevent unnecessary work demands on current staff.
- The implementation of bursary programmes to provide support to staff members will mean that members will need to apply and go through a selection process in order to obtain such a bursary. Most participants with only a Grade 12 qualification in this study leaned more towards viewing their work as a career. Therefore, using that to the advantage of the hospital, the organisation can become better staffed and implement better talent management programmes by applying the above-mentioned strategy. The information obtained in this study showed that career correlated positively with calling, indicating that viewing your work as either a calling or a career enhances organisational commitment and work engagement.
- Career expo programmes at universities could be considered, where current nurses give motivations and explanations regarding their occupation in order to motivate young people to follow in their footsteps. This will create an awareness of the occupation and bring more people into the profession. Talent can be identified and bursaries offered, and those bursary holders who have been selected will then need to work in the hospital for a prescribed period after their studies.

3.3.2 Recommendations for future research

The following recommendations resulting from the study can be made for future research:

- Longitudinal studies need to be utilised in order to determine the causal factors and relationships between organisational commitment, work engagement and meaning of work.
- The sample size of 199 should be expanded to a larger sample size to enhance external validity and both government and private hospitals could be involved to assess the effect of differences in environment.
- To enhance cultural appropriateness, equivalence studies can be conducted and the questionnaire could be translated into other applicable languages.

3.4. CHAPTER SUMMARY

In this chapter, conclusions regarding the theoretical and empirical objectives were drawn. The limitations of the research were discussed and, thereafter, recommendations were made for the business unit and for future research.

REFERENCE LIST

- Bellah, R., Madsen, R., Sullivan, W., Swidler, A., & Tipton, S. (1985). *Habits of the Heart: Individualism and commitment in American life*. California: University of California Press.
- Blizzard, D. B. A. (2002). *Nurses may be satisfied, but are they engaged?* Retrieved October 10, 2009 from <http://www.gallup.com/poll/tb/healthcare/20020514.95p?Version=pp>
- Leiter, M.P., & Maslach, C. (1998). The impact of interpersonal environment on burnout and commitment. *Journal of Organisational Behavior*, 9, 297-308.
- May, D.R., Gilson, R.L., & Harter, L.M. (2004). The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work. *Journal of Occupational & Organizational Psychology*, 77, 11-37.
- Meyer, J.P., & Allen, N.J. (1991), "A three-component conceptualization of organisational commitment". *Human Resource Management Review*, 1, 61-98.
- Muthuveloo, R., & Che Rose, R. (2005). Typology of Organisational Commitment. *American Journal of Applied Science*, 2(6), 1078-1081.
- Pillay, R. (2009). Retention strategies for professional nurses in South Africa. *Leadership in Health Services*, 22(1), 39-57.
- Porter, L.W., Steers, R.M., Mowday, R.T., & Boulian, P.V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*, 59, 603-609.
- Robbins, S.P., Odendaal, A., & Roodt, G. (2003). *Organisational behaviour*. South Africa: Pearson education.
- Rothmann, S., & Joubert, J.H.M. (2007). Job demands, job resources, burnout and work engagement of managers at a platinum mine in the North West Province. *South African Journal of Business Management*, 38(3).
- Saks, A.M., & Rothmann, J.L. (2006). Antecedents and consequences of employee engagement. *Journal of Managerial Psychology*, 21(7), 600-619.
- Schaufeli, W.B., & Bakker, A.B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organisational Behaviour*, 25, 293-315.
- Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V., & Bakker, A.B. (2002). The measurement of engagement and burnout: a two sample confirmatory factor analytic approach. *Journal of Happiness Studies*, 3, 71-92.

- Secret J., Iorio D.H., & Martz W. (2005). The meaning of work for nursing assistants who stay in long-term care. *International Journal of Older People Nursing in association with Journal of Clinical Nursing* 14(8), 90-97.
- Van den Broeck, A., Vansteenkiste, M., De Witte, H., & Lens, W. (2008). Explaining the relationships between job characteristics, burnout, and engagement: The role of basic psychological need satisfaction. *The Journal of Work and Stress*, 22(3), 277-294.
- Wrzesniewski, A., McCauley, C., Rozin, P., & Schwartz, B. (1997). Jobs, careers, and callings: People's relations to their work. *Journal of research in personality*, 31, 21-33.